

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

Check if different than previously reported. (ACC)

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580480

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

- 12-Day Pre-Election Report for the Election on / / in the State of
- 30-Day Post-Election Report for the General Election on / /

4. IS THIS REPORT AN AMENDMENT?

yes no

5. COVERING PERIOD

/ / 2016 THROUGH / / 2016

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

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

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

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

Office Use Only

Write or Type Committee Name

SCOTT WALKER INC

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="20615.73"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="223725.54"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="244341.27"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	<input type="text" value="172471.31"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="71869.96"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="40635.48"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="837289.07"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="7938507.15"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8714338.58"/>

DETAILED SUMMARY PAGE
of Receipts

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
12 / 01 / 2016

To:

M M / D D / Y Y Y Y
12 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	76499.04	5384438.54
(ii) unitemized	235.00	2954146.61
(iii) Total contributions	76734.04	8338585.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	61000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	76734.04	8399585.15
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	68715.14
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	68715.14
21. OTHER RECEIPTS (Dividends, Interest, etc.)	146991.50	799423.36
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	223725.54	9267723.65

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)
SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
 12 / 01 / 2016

To:

M M / D D / Y Y Y Y
 12 / 31 / 2016

II. DISBURSEMENTS

**COLUMN A
 Total This Period**

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

23. OPERATING EXPENDITURES.....	172471.31	8783053.72
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	456078.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	461078.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	172471.31	9244131.72

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

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

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

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

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 8 / 31

(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) BOWMAN, ROBERT, , , Mailing Address 4650 DULIN ROAD SPC 129 City FALLBROOK State CA Zip Code 92028 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Transaction ID : SA17A.150690 Date of Receipt 12 / 28 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Full Name (Last, First, Middle Initial) BROWN, TIMOTHY, , , Mailing Address 2610 MONDAMIN FARM ROAD City LANCASTER State PA Zip Code 17601 FEC ID number of contributing federal political committee. C Name of Employer SAGEWORTH Occupation EXECUTIVE Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00			Transaction ID : SA17A.150675 Date of Receipt 12 / 28 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. Full Name (Last, First, Middle Initial) CASTELLINI, ROBERT, , , Mailing Address 312 ELM STREET, SUITE 2600 City CINCINNATI State OH Zip Code 45202 FEC ID number of contributing federal political committee. C Name of Employer CASTELLINI MANAGEMENT COMPANY Occupation CHAIRMAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00			Transaction ID : SA17A.150644 Date of Receipt 12 / 01 / 2016 PRIMARY 2016 DEBT RETIREMENT Amount of Each Receipt this Period 2700.00 <input type="checkbox"/> Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **310 SOUTH STREET 4TH FLOOR**

City MORRISTOWN	State NJ	Zip Code 07960
---------------------------	--------------------	--------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.150654

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **829 PARK AVE APT 5B**

City NEW YORK	State NY	Zip Code 10021
-------------------------	--------------------	--------------------------

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

Name of Employer KIRKLAND & ELLIS	Occupation LAWYER
---	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.150658

Date of Receipt

M M / D D / Y Y Y Y
12 / 08 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **1120 FOX CHAPEL ROAD**

City PITTSBURGH	State PA	Zip Code 15238
---------------------------	--------------------	--------------------------

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

Name of Employer CLEVELAND BROTHERS EQUIP CO INC.	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.150677

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶ 6400.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **1245 EAGLES WAY, PO BOX 288**

City EAST EARL	State PA	Zip Code 17519
--------------------------	--------------------	--------------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021 2021-2022

Transaction ID : SA17A.150669

Date of Receipt

MM / DD / YYYY
 /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

Mailing Address **205 E 69TH STREET, APT 6C**

City NEW YORK	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee. **C**

Name of Employer MCKENNA LONG & ALDRIDGE	Occupation ATTORNEY
--	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021 2021-2022

Transaction ID : SA17A.150702

Date of Receipt

MM / DD / YYYY
 /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

Mailing Address **12 ABBEYVILLE ROAD**

City LANCASTER	State PA	Zip Code 17603
--------------------------	--------------------	--------------------------

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

Name of Employer SELECT SECURITY	Occupation FOUNDER
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016-2017 2017-2018 2018-2019 2019-2020 2020-2021 2021-2022

Transaction ID : SA17A.150692

Date of Receipt

MM / DD / YYYY
 /

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

Memo Item

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 40 12 E 49TH STREET 41ST FLOOR

City NEW YORK	State NY	Zip Code 10017
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FEC ID number of contributing federal political committee. **C**

Name of Employer IRONHILL INVESTMENTS LLC	Occupation INVESTMENTS
--	---------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150652

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

Mailing Address 200 EAST END AVENUE

City NEW YORK	State NY	Zip Code 10128
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FEC ID number of contributing federal political committee. **C**

Name of Employer SCAROLE MALONE ZUBATOO LLP	Occupation PARTNER/ATTORNEY
--	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.150638

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		05		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 170 EAST END AVENUE 17C

City NEW YORK	State NY	Zip Code 10128
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FEC ID number of contributing federal political committee. **C**

Name of Employer MILBANK TWEED HADLEY ET AL	Occupation PARTNER
--	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150642

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		01		2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **6400.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

JEFFREY, RUSSELL, , ,

Mailing Address 9 BRAYTON MEADOW

City EAST GREENWICH	State RI	Zip Code 02818
------------------------	-------------	-------------------

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

Name of Employer PROVIDENCE INVESTMENT	Occupation INVESTMENT MANAGER
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150648

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

JOHNSON, BRENDA, , ,

Mailing Address 19 EAST 72 STREET

City NEW YORK	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee. **C**

Name of Employer STATE DEPT	Occupation DIPLOMAT, RET
--------------------------------	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150636

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

KEARNS, CHRIS, , ,

Mailing Address 25 CANTERBURY ROAD

City ROCKVILLE CENTRE	State NY	Zip Code 11570
--------------------------	-------------	-------------------

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

Name of Employer BUCKLEY RESEARCH GROUP	Occupation CORP FINANCE
--	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150640

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 8100.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 31

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS	State PA	Zip Code 17360
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FEC ID number of contributing federal political committee. **C**

Name of Employer KINSLEY CONSTRUCTION	Occupation VICE PRESIDENT
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.150683

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS	State PA	Zip Code 17360
-----------------------	-------------	-------------------

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

Name of Employer KINSLEY CONSTRUCTION	Occupation PRESIDENT
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.150681

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

Mailing Address 6259 REYNOLDS MILL ROAD

City SEVEN VALLEYS	State PA	Zip Code 17360
-----------------------	-------------	-------------------

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

Name of Employer KINSLEY CONSTRUCTION	Occupation VICE PRESIDENT
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.150679

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 3000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **6259 REYNOLDS MILL ROAD**

City SEVEN VALLEYS	State PA	Zip Code 17360
------------------------------	--------------------	--------------------------

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

Name of Employer KINSLEY CONSTRUCTION	Occupation CHAIRMAN
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.150687

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address **6259 REYNOLDS MILL ROAD**

City SEVEN VALLEYS	State PA	Zip Code 17360
------------------------------	--------------------	--------------------------

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

Name of Employer KINSLEY CONSTRUCTION	Occupation VICE PRESIDENT
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.150685

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address **860 WESTMINSTER AVENUE**

City HANOVER	State PA	Zip Code 17331
------------------------	--------------------	--------------------------

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

Name of Employer UTZ	Occupation CEO
--------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.150673

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 1000.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 3000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 322 LAWRENCE COURT

City PHILADELPHIA	State PA	Zip Code 19106
----------------------	-------------	-------------------

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

Name of Employer CHIMICLES & TIKELLIS LLP	Occupation ATTORNEY
--	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1499.04

Transaction ID : SA17A.150726

Date of Receipt

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

IN-KIND: FACILITY RENTAL/CATERING SERVICES

Amount of Each Receipt this Period
 _____ 1499.04

Memo Item

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

Mailing Address NRG STADIUM, TWO NRG PARK

City HOUSTON	State TX	Zip Code 77054
-----------------	-------------	-------------------

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

Name of Employer HOUSTON TEXANS	Occupation CHAIRMAN & CEO
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.150650

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT;
REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
 _____ 5400.00

Memo Item

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

Mailing Address 888 E WALNUT ST FL

City PASADENA	State CA	Zip Code 91101
------------------	-------------	-------------------

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

Name of Employer ONE WEST BANK	Occupation CHAIRMAN
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150698

Date of Receipt

M M / D D / Y Y Y Y
12 / 30 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 9599.04

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

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **1290 AVENUE OF THE AMERICAS**

City NEW YORK	State NY	Zip Code 10104
-------------------------	--------------------	--------------------------

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

Name of Employer CUSHMAN & WAKEFIELD	Occupation REAL ESTATE EXEC
--	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : **SA17A.150661**

Date of Receipt

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

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

2700.00

Memo Item

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

Mailing Address **25 EAST 86 STREET**

City NEW YORK	State NY	Zip Code 10028
-------------------------	--------------------	--------------------------

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

Name of Employer WILLOW RIDGE PARTNERS	Occupation INVESTMENTS
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : **SA17A.150627**

Date of Receipt

M M / D D / Y Y Y Y
12 / 30 / 2016

PRIMARY 2016 DEBT RETIREMENT;
REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

2700.00

Memo Item

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

Mailing Address **PO BOX 50102**

City CLAYTON	State MO	Zip Code 63105
------------------------	--------------------	--------------------------

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

Name of Employer OLIVER GROUP	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : **SA17A.150646**

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT: SEE
REATTRIBUTION

Amount of Each Receipt this Period

5000.00

Memo Item

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

10400.00

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

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

OLIVER, JOHN, , ,

Mailing Address PO BOX 50102

City
CLAYTON

State
MO

Zip Code
63105

FEC ID number of contributing federal political committee.

C

Name of Employer
OLIVER GROUP

Occupation
PRESIDENT

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Transaction ID : SA17A.150646.0

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT; REATTRIBUTED TO SPOUSE

Amount of Each Receipt this Period

-2500.00

Memo Item

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

OLIVER, RACHEL, , ,

Mailing Address PO BOX 50102

City
CLAYTON

State
MO

Zip Code
63105

FEC ID number of contributing federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Transaction ID : SA17A.150646.1

Date of Receipt

M M / D D / Y Y Y Y
12 / 05 / 2016

PRIMARY 2016 DEBT RETIREMENT; REATTRIBUTED FROM SPOUSE

Amount of Each Receipt this Period

2500.00

Memo Item

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

PAXSON, DILWORTH, , ,

Mailing Address 1500 MARKET STREET, SUITE 3500E

City
PHILADELPHIA

State
PA

Zip Code
19102

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.150696

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

1000.00

Memo Item

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

1000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 300 PANTIGO PLACE, SUITE 102

City EAST HAMPTON	State NY	Zip Code 11937
----------------------	-------------	-------------------

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

Name of Employer SABIN METAL	Occupation EXEC
---------------------------------	--------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150663

Date of Receipt

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

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

Mailing Address 225 MILLBURN AVENUE

City MILLBURN	State NJ	Zip Code 07041
------------------	-------------	-------------------

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

Name of Employer VALOR CAPITAL GROUP	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.150629

Date of Receipt

M M / D D / Y Y Y Y
12 / 20 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 2700.00

Memo Item

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

Mailing Address 1004 HOY CIRCLE

City COLLEGEVILLE	State PA	Zip Code 19426
----------------------	-------------	-------------------

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

Name of Employer ROBERT LAMB ENGINEERING	Occupation PRESIDENT
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.150671

Date of Receipt

M M / D D / Y Y Y Y
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 6400.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) VIZZI, BRENDIA, , , Mailing Address 984 SUMMIT CIRCLE N			Transaction ID : SA17A.150694 Date of Receipt MM / DD / YYYY 12 / 28 / 2016		
City YORK	State PA	Zip Code 17403	PRIMARY 2016 DEBT RETIREMENT		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00		
Name of Employer RETIRED		Occupation RETIRED	Memo Item		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

B. Full Name (Last, First, Middle Initial) WAGNER, KATHARINE, , , Mailing Address PO BOX 3066			Transaction ID : SA17A.150689 Date of Receipt MM / DD / YYYY 12 / 28 / 2016		
City YORK	State PA	Zip Code 17402	PRIMARY 2016 DEBT RETIREMENT		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00		
Name of Employer RETIRED		Occupation RETIRED	Memo Item		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00			

C. Full Name (Last, First, Middle Initial) WAGNER, SCOTT, , , Mailing Address PO BOX 1627			Transaction ID : SA17A.150667 Date of Receipt MM / DD / YYYY 12 / 28 / 2016		
City YORK	State PA	Zip Code 17405	PRIMARY 2016 DEBT RETIREMENT; SEE REATTRIBUTION		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 5400.00		
Name of Employer PENN WASTE, INC.		Occupation PRESIDENT/OWNER	Memo Item		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5400.00			

Subtotal Of Receipts This Page (optional)..... 9100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

WAGNER, SCOTT, , ,

Mailing Address PO BOX 1627

City
YORK

State
PA

Zip Code
17405

FEC ID number of contributing federal political committee.

C

Name of Employer
PENN WASTE, INC.

Occupation
PRESIDENT/OWNER

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.150667.0

Date of Receipt

MM / DD / YYYY
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT; REATTRIBUTED TO SPOUSE

Amount of Each Receipt this Period

-2700.00

Memo Item

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

WAGNER, TRACY, , ,

Mailing Address PO BOX 1627

City
YORK

State
PA

Zip Code
17405

FEC ID number of contributing federal political committee.

C

Name of Employer
MERIDETH FUND PROPERTIES

Occupation
REALTOR

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.150667.1

Date of Receipt

MM / DD / YYYY
12 / 28 / 2016

PRIMARY 2016 DEBT RETIREMENT; REATTRIBUTED FROM SPOUSE

Amount of Each Receipt this Period

2700.00

Memo Item

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

WALKER, DEBORAH, , ,

Mailing Address 2400 WEST FAIRY CHASM RD

City
MILWAUKEE

State
WI

Zip Code
53217

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.150626

Date of Receipt

MM / DD / YYYY
12 / 30 / 2016

PRIMARY 2016 DEBT RETIREMENT

Amount of Each Receipt this Period

1000.00

Memo Item

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

1000.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) WEISS, EMILIA, , ,			Transaction ID : SA17A.150700		
Mailing Address 5151 FISHER ISLAND DRIVE			Date of Receipt MM / DD / YYYY 12 / 30 / 2016		
City MIAMI BEACH	State FL	Zip Code 33109	PRIMARY 2016 DEBT RETIREMENT		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00		
Name of Employer RETIRED		Occupation RETIRED	<input type="checkbox"/> Memo Item		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00			

B. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			

C. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼			

Subtotal Of Receipts This Page (optional).....▶ 2700.00

Total This Period (last page this line number only).....▶ 76499.04

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRANITE LISTS, LLC
Mailing Address PO BOX 262

City: DUBLIN State: NH Zip Code: 03444

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

Name of Employer: _____ Occupation: _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 133925.00

Transaction ID : SA21.150656
Date of Receipt
 M M / D D / Y Y Y Y
 12 / 07 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
 _____ 133925.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GRANITE LISTS, LLC
Mailing Address PO BOX 262

City: DUBLIN State: NH Zip Code: 03444

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

Name of Employer: _____ Occupation: _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 140197.34

Transaction ID : SA21.150659
Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
 _____ 6272.34

Memo Item

C. Full Name (Last, First, Middle Initial)
GRANITE LISTS, LLC
Mailing Address PO BOX 262

City: DUBLIN State: NH Zip Code: 03444

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

Name of Employer: _____ Occupation: _____

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 146991.50

Transaction ID : SA21.150733
Date of Receipt
 M M / D D / Y Y Y Y
 12 / 20 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
 _____ 6794.16

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 146991.50

Total This Period (last page this line number only).....▶ _____ 146991.50

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHBY LAW PLLC		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 717 PRINCESS STREET		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LEGAL CONSULTING		Transaction ID : SB23.150713
Candidate Name		Amount of Each Disbursement this Period 350.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		FEC Identification Number C
City MADISON	State WI	Zip Code 53717
Purpose of Disbursement COMPLIANCE CONSULTING		Transaction ID : SB23.150715
Candidate Name		Amount of Each Disbursement this Period 5003.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BOLDING, DARREN, K, ,		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 301 TINGEY ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement DATA CONSULTING		Transaction ID : SB23.150712
Candidate Name		Amount of Each Disbursement this Period 40777.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 46130.99

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BURCHFIELD ENTERPRISES LLC			Date of Disbursement MM / DD / YYYY 12 / 02 / 2016		
Mailing Address 633 W WILSON ST #419			FEC Identification Number C		
City MADISON	State WI	Zip Code 53703	Transaction ID : SB23.150711		
Purpose of Disbursement TECHNICAL SERVICES		Category/ Type	Amount of Each Disbursement this Period 1000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) B. BURCHFIELD ENTERPRISES LLC			Date of Disbursement MM / DD / YYYY 12 / 21 / 2016		
Mailing Address 633 W WILSON ST #419			FEC Identification Number C		
City MADISON	State WI	Zip Code 53703	Transaction ID : SB23.150720		
Purpose of Disbursement TECHNICAL SERVICES		Category/ Type	Amount of Each Disbursement this Period 5000.00		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) C. CONNECTIVIST MEDIA			Date of Disbursement MM / DD / YYYY 12 / 12 / 2016		
Mailing Address 544 E OGDEN AVE #700-161			FEC Identification Number C		
City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SB23.150714		
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type	Amount of Each Disbursement this Period 8079.03		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 14079.03

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DESIGN CUISINE			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 2659 S SHIRLINGTON RD			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22206	Transaction ID : SB23.150719 Amount of Each Disbursement this Period 3639.76		
Purpose of Disbursement EVENT CATERING		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 7300 HUDSON BLVD #270			FEC Identification Number C		
City SAINT PAUL	State MN	Zip Code 55128	Transaction ID : SB23.150704 Amount of Each Disbursement this Period 100000.00		
Purpose of Disbursement TELEMARKETING AND DATA SERVICES		Category/ Type 101	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MASER, DAVID, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address 322 LAWRENCE COURT			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19106	Transaction ID : SB23.150727 Amount of Each Disbursement this Period 1499.04		
Purpose of Disbursement IN-KIND: FACILITY RENTAL/CATERING SERVICES		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Subtotal Of Receipts This Page (optional)..... 105138.80

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB23.150717 Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address PO BOX 254			FEC Identification Number C
City DUBLIN	State NH	Zip Code 03444	Transaction ID : SB23.150716 Amount of Each Disbursement this Period 2750.00
Purpose of Disbursement DIRECT MAILING AND POSTAGE		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. STRIPE			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2016
Mailing Address 529 14TH STREET NW #350			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20045	Transaction ID : SB23.150709 Amount of Each Disbursement this Period 170.63
Purpose of Disbursement MERCHANT FEES		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Subtotal Of Receipts This Page (optional)..... 4920.63

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE CHAMPION GROUP			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2016		
Mailing Address PO BOX 1651			FEC Identification Number C		
City MADISON		State WI	Zip Code 53701		Transaction ID : SB23.150710 Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement STRATEGY CONSULTING			Category/ Type		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			Category/ Type		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			Category/ Type		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Subtotal Of Receipts This Page (optional)..... 2000.00

Total This Period (last page this line number only)..... 172269.45

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **317 15TH STREET NE**

City
WASHINGTON

State
DC

Zip Code
20002

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137419**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
TELEMARKETING AND DATA

Mailing Address **7300 HUDSON BLVD #270**

City
SAINT PAUL

State
MN

Zip Code
55128

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137421**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **300 HICKORY LANE**

City
MAULDIN

State
SC

Zip Code
29662

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137424**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 FIELD CONSULTING

Mailing Address PO BOX 2561

City
 ALEXANDRIA

State
 VA

Zip Code
 22301

Outstanding Balance Beginning This Period

4955.42

Transaction ID : SD12.137431

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4955.42

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address 11309 BAROQUE ROAD

City
 SILVER SPRING

State
 MD

Zip Code
 20901

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD12.4125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

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

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 403 N SECOND STREET, 2ND FL

City
 HARRISBURG

State
 PA

Zip Code
 17101

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD12.137442

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **PO BOX 17079**

City
ARLINGTON

State
VA

Zip Code
22216

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137451**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 VIDEO PRODUCTION SERVICES

Mailing Address **PO BOX 25122**

City
ALEXANDRIA

State
VA

Zip Code
22314

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137456**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address **122 S PATRICK STREET**

City
ALEXANDRIA

State
VA

Zip Code
22314

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137457**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **717 KING STREET #205**

City
ALEXANDRIA

State
VA

Zip Code
22314

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137459**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **38 LAKEWOOD DRIVE**

City
DENVILLE

State
NJ

Zip Code
07834

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137465**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8929.28"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="40635.48"/>
3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="40635.48"/>