



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Citizens for Tom Petri**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 56323.15                | 313531.14                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0                       | 0                                  |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 56323.15                | 313531.14                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 67268.86                | 266669.73                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0                       | 0                                  |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 67268.86                | 266669.73                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 956975.91               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0                       |                                    |

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Citizens for Tom Petri**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 14477.15                              | 43252.15                                   |
| (ii) Unitemized.....   | 7846                                  | 24278.99                                   |
| (iii) TOTAL of contributions from individuals ▶  | 22323.15                              | 67531.14                                   |
| (b) Political Party Committees.....  | 0                                     | 0  |
| (c) Other Political Committees (such as PACs).....   | 34000                                 | 246000                                     |
| (d) The Candidate.....   | 0                                     | 0  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 56323.15                              | 313531.14                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0                                     | 200  |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0                                     | 0  |
| (b) All Other Loans.....   | 0                                     | 0  |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0                                     | 0  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0                                     | 0  |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 484.5                                 | 2099.77                                    |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 56807.65                              | 315830.91                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 67268.86                      | 266669.73                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0                             | 41996                              |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0                             | 0                                  |
| (b) Of All Other Loans .....   | 0                             | 0                                  |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0                             | 0                                  |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0                             | 0                                  |
| (b) Political Party Committees.....  | 0                             | 0                                  |
| (c) Other Political Committees<br>(such as PACs).....                        | 0                             | 0                                  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0                             | 0                                  |
| 21. OTHER DISBURSEMENTS .....  | 0                             | 0                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 67268.86                      | 308665.73                          |

**III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 967437.12  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 56807.65   |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1024244.77 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 67268.86   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 956975.91  |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 5 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A.** Full Name (Last, First, Middle Initial)  
**Shakopee Mdewakanton Sioux Community**

Mailing Address 2330 Sioux Trail NW

City State Zip Code  
Prior Lake MN 55372-9077

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF49226**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address N7449 Round Lake Road

City State Zip Code  
Brillion WI 54110-9474

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

Name of Employer Occupation  
Ariens Co. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : A-CF49180**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address W7266 Fern Road

City State Zip Code  
Oxford WI 53952-8968

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2013

**Transaction ID : A-CF49210**

Amount of Each Receipt this Period  
**100**

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

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

**2100.00**

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 6 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |              |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 221 Bamboo Road

City State Zip Code  
Palm Beach Shores FL 33404-5732

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

Name of Employer Occupation  
Broydrick & Associates Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF49222**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 221 Bamboo Road

City State Zip Code  
Palm Beach Shores FL 33404-5732

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

Name of Employer Occupation  
Broydrick & Associates Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF49223**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 408 Beaulieu Road

City State Zip Code  
Neenah WI 54956-2978

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

Name of Employer Occupation  
Appleton Control Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : A-CF48997**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 7 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 837 Briarwood Court

City Kohler State WI Zip Code 53044-1325

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

Name of Employer Sargento Foods Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : A-CF49245**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1660 N Prospect Avenue  
Unit 1009

City Milwaukee State WI Zip Code 53202-6706

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : A-CF49246**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 2270 N Haven Lane

City Oshkosh State WI Zip Code 54904-9337

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

Name of Employer Neenah Foundry Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49227**

Amount of Each Receipt this Period  
**250**

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

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

**1750.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 8 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 1318 Skipwith Road

City State Zip Code  
Mc Lean VA 22101-1834

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

Name of Employer Occupation  
Kimberly Consulting, LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF49012**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 384 Ledgewood Drive

City State Zip Code  
Fond Du Lac WI 54937-8138

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : A-CF49215**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 14 Colony Circle

City State Zip Code  
Madison WI 53717-1406

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 29 / 2013**

**Transaction ID : A-CF49140**

Amount of Each Receipt this Period  
**150**

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

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

**1150.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 9 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 254A Maryland Avenue NE

City Washington State DC Zip Code 20002-5750

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

Name of Employer: Cliff Madison Gov Relations Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1250**

Date of Receipt: **11 / 01 / 2013**

**Transaction ID : A-CF49011**

Amount of Each Receipt this Period: **500**

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

Mailing Address N5304 US Highway 45

City Fond Du Lac State WI Zip Code 54937-7978

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

Name of Employer: Self Employed Occupation: Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: **12 / 12 / 2013**

**Transaction ID : A-CF49201**

Amount of Each Receipt this Period: **250**

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

Mailing Address 733 10th Street NW Suite 400

City Washington State DC Zip Code 20001-4886

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

Name of Employer: Cassidy & Associates Occupation: Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **10 / 08 / 2013**

**Transaction ID : A-CF48989**

Amount of Each Receipt this Period: **500**

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

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

**1250.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 1500 Rue Reynard Street

City Menasha State WI Zip Code 54952-2946

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : A-CF48990**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 516 D Street NE

City Washington State DC Zip Code 20002-5804

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

Name of Employer NARFE Occupation Associate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49010**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 3132 Overhill Road

City Mountain Brk State AL Zip Code 35223-1248

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

Name of Employer McWane Inc Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49232**

Amount of Each Receipt this Period  
**1000**

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

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

**4100.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 11 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 3050 K Street NW  
Suite 400

City Washington State DC Zip Code 20007-5100

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

Name of Employer Kelley Drye & Warren Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**227.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : A-IF49285**

Amount of Each Receipt this Period  
**227.15**

Inkind: Food

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

Mailing Address PO Box 700185

City Oostburg State WI Zip Code 53070-0185

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

Name of Employer Richardson Industries Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 08 / 2013**

**Transaction ID : A-CF49252**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 4745 Waterstone Court

City Appleton State WI Zip Code 54914-8571

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

Name of Employer Neenah Enterprises Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 06 / 2013**

**Transaction ID : A-CF49231**

Amount of Each Receipt this Period  
**500**

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

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

**827.15**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 12 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |                               |  |
|---|-------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Duncan Smith, III</b>  |                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 20 / 2013 |
| Mailing Address 600 New Hampshire Avenue NW<br>Suite 1100<br>City State Zip Code<br>Washington DC 20037-2485                                  |                               | <b>Transaction ID : A-CF49238</b>                          |
| FEC ID number of contributing federal political committee. <b>C</b>   |                               | Amount of Each Receipt this Period<br>500                  |
| Name of Employer<br>Smith Advocacy Group  | Occupation<br>President       |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>600 |  |

|   |                               |  |
|---|-------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Spence</b>  |                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 06 / 2013 |
| Mailing Address 2787 Fox Run<br>City State Zip Code<br>Appleton WI 54914-8727   |                               | <b>Transaction ID : A-CF49229</b>                          |
| FEC ID number of contributing federal political committee. <b>C</b>   |                               | Amount of Each Receipt this Period<br>250                  |
| Name of Employer<br>Neenah Foundry  | Occupation<br>General Counsel |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250 |  |

|   |                               |  |
|---|-------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Wayne Valis</b>  |                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 20 / 2013 |
| Mailing Address 3419 Washington Drive<br>City State Zip Code<br>Falls Church VA 22041-2002  |                               | <b>Transaction ID : A-CF49237</b>                          |
| FEC ID number of contributing federal political committee. <b>C</b>   |                               | Amount of Each Receipt this Period<br>500                  |
| Name of Employer<br>Valis Associates  | Occupation<br>Owner           |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500 |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | (Empty box) |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 13 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 4001 9th Street N  
Apt. 1809

City Arlington State VA Zip Code 22203-1970

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

Name of Employer Williams & Jensen Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49009**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 4132 E Grandview Circle

City Mesa State AZ Zip Code 85205-4044

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

Name of Employer Neenah Enterprises Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49228**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 5255 N Kendall Drive

City Miami State FL Zip Code 33156-2123

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2013

**Transaction ID : A-CF49243**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 14 OF 49 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 1014 River Court

City Manitowoc State WI Zip Code 54220-2948

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : A-CF49249**

Amount of Each Receipt this Period  
 300

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300.00

14477.15

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 15 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A.** Full Name (Last, First, Middle Initial)  
**Alliant Energy Employee Pac**

Mailing Address **PO Box 77007**

City **Madison** State **WI** Zip Code **53707-1007**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : A-CF49239**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**American Beverage Licenses PAC**

Mailing Address **5101 River Road  
Suite 108**

City **Bethesda** State **MD** Zip Code **20816-1560**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : A-CF49240**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address **2000 Market Street**

City **Philadelphia** State **PA** Zip Code **19103-3231**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF49016**

Amount of Each Receipt this Period  
**1000**

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

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

**3000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 16 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A. Association of Equipment Manufacturers**

Full Name (Last, First, Middle Initial)  
Association of Equipment Manufacturers

Mailing Address 1000 Vermont Avenue NW  
Suite 450

City Washington State DC Zip Code 20005-4929

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF49005**

Amount of Each Receipt this Period  
 1000

**B. Credit Union Legislative Action Council**

Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Avenue NW  
South Building, Suite 600

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : A-CF48998**

Amount of Each Receipt this Period  
 1000

**C. Cruise Lines Intl Pac**

Full Name (Last, First, Middle Initial)  
Cruise Lines Intl Pac

Mailing Address 2111 Wilson Boulevard  
Suite 800

City Arlington State VA Zip Code 22201-3090

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF49224**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 17 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 1125 17th Street NW

City Washington State DC Zip Code 20036-4709

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : A-CF48999**

Amount of Each Receipt this Period  
**2500**

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

Mailing Address 1050 K Street NW Suite 400

City Washington State DC Zip Code 20001-4448

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49234**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49008**

Amount of Each Receipt this Period  
**500**

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

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

**4000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 18 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49014**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Fur Wraps the Hill PAC**

Mailing Address 3050 K Street NW  
Suite 400

City Washington State DC Zip Code 20007-5100

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49230**

Amount of Each Receipt this Period  
 500

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

Mailing Address 1299 Pennsylvania Avenue NW  
Suite 1100

City Washington State DC Zip Code 20004-2414

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : A-CF48996**

Amount of Each Receipt this Period  
 1000

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

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

2000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 19 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A.** Full Name (Last, First, Middle Initial)  
**K & L Gates LLP**

Mailing Address 1601 K Street NW  
Front 1

City Washington State DC Zip Code 20006-1692

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2013**

**Transaction ID : A-CF49242**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Kelley Drye & Warren PAC**

Mailing Address 3050 K Street NW  
Suite 400

City Washington State DC Zip Code 20007-5100

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 06 / 2013**

**Transaction ID : A-CF49233**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**La Tourette for Congress**

Mailing Address 320 Kenarden Drive

City Highland Hts State OH Zip Code 44143-3710

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF49013**

Amount of Each Receipt this Period  
**500**

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

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

**4000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 20 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 1550 Crystal Drive  
Suite 100

City State Zip Code  
Arlington VA 22202-4108

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 09 / 2013**

**Transaction ID : A-CF49003**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Assoc. PAC**

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314-2965

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF49020**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**National Customs Brokers & Forwarders Association of America Pac**

Mailing Address 1200 18th Street NW  
Suite 901

City State Zip Code  
Washington DC 20036-2572

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 02 / 2013**

**Transaction ID : A-CF49000**

Amount of Each Receipt this Period  
**500**

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

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

**4000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 49 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A. National Marine Manufacturers Association's PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 444 N Capitol Street NW  
Suite 645

City Washington State DC Zip Code 20001-1559

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A-CF49235**

Amount of Each Receipt this Period  
**1000**

**B. NATSO Pac**

Full Name (Last, First, Middle Initial)  
Mailing Address 1737 King Street  
Suite 200

City Alexandria State VA Zip Code 22314-2727

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF49241**

Amount of Each Receipt this Period  
**1000**

**C. NRA Political Victory Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030-6003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF49004**

Amount of Each Receipt this Period  
**1000**

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

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

**3000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 22 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Nucor PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 / 06 / 2013 |
| Mailing Address 1915 Rexford Road   |  | <b>Transaction ID : A-CF49236</b>                          |
| City<br>Charlotte   | State<br>NC                                | Zip Code<br>28211-3465                                     |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1000 |  |
| Name of Employer  | Occupation                                 |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Oshkosh Corporation Employees' PAC</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 01 / 2013 |
| Mailing Address PO Box 2566   |  | <b>Transaction ID : A-CF49019</b>                          |
| City<br>Oshkosh   | State<br>WI                                | Zip Code<br>54903-2566                                     |
| FEC ID number of contributing federal political committee.<br>C C00304477   | Amount of Each Receipt this Period<br>2500 |  |
| Name of Employer  | Occupation                                 |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Parsons Brinckerhoff Inc. Pac</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 01 / 2013 |
| Mailing Address 1 Penn Plaza  |  | <b>Transaction ID : A-CF49018</b>                          |
| City<br>New York  | State<br>NY                                | Zip Code<br>10119-0002                                     |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1000 |  |
| Name of Employer  | Occupation                                 |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000             |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 OF 49 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A. Realtors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 N Michigan Avenue  
 City Chicago State IL Zip Code 60611-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : A-CF49006**  
 Amount of Each Receipt this Period  
 1000

**B. Republican Main St Pac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 L Street NW Suite 100-263  
 City Washington State DC Zip Code 20005-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2013  
**Transaction ID : A-CF49002**  
 Amount of Each Receipt this Period  
 1000

**C. Rockwell Collins Good Government Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Wilson Boulevard Suite 200  
 City Arlington State VA Zip Code 22209-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013  
**Transaction ID : A-CF49017**  
 Amount of Each Receipt this Period  
 1000

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

3000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A.** Full Name (Last, First, Middle Initial)  
**S.C. Johnson & Son PAC**

Mailing Address 1667 K Street NW  
Suite 650

City Washington State DC Zip Code 20006-1652

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49015**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 800

City Washington State DC Zip Code 20004-2526

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : A-CF49007**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**United States Steel Corporation PAC**

Mailing Address 600 Grant Street

City Pittsburgh State PA Zip Code 15219-2702

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : A-CF49001**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

|                                      |                                     |  |                                    |
|--------------------------------------|-------------------------------------|--|------------------------------------|
| FOR LINE NUMBER:<br>(check only one) |                                     | PAGE 25 OF 49                                  |                                    |
| <input type="checkbox"/> 11a<br>12   | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|                                      |                                     | <input type="checkbox"/> 15                    |                                    |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

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

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF49225**

Amount of Each Receipt this Period  
 500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

34000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A. Hometown Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 Sheboygan Street  
 City State Zip Code  
 Fond Du Lac WI 54935-4333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : A-MF48985**  
 Amount of Each Receipt this Period  
 430.03  
 Interest

**B. Scudder Service Corp. Managed Cash Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2038  
 City State Zip Code  
 Boston MA 02106-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : A-MF49282**  
 Amount of Each Receipt this Period  
 15.13  
 Interest

**C. Scudder Service Corp. Managed Cash Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2038  
 City State Zip Code  
 Boston MA 02106-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013  
**Transaction ID : A-MF49283**  
 Amount of Each Receipt this Period  
 15.56  
 Interest

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

460.72

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 27 OF 49 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

**A.** Full Name (Last, First, Middle Initial)  
**Scudder Service Corp. Managed Cash Fund**

Mailing Address P.O. Box 2038

City Boston State MA Zip Code 02106-2038

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**352.89**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : A-MF49284**

Amount of Each Receipt this Period  
**23.78**

Interest

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**23.78**

**484.50**

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 28 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Barb Hatch</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                          |
| Mailing Address N5432 Dondor Drive   |   | Amount of Each Disbursement this Period<br>433.87<br><b>Transaction ID : B-E-48952</b> |
| City<br>Fond Du Lac  | State<br>WI   |  |
| Zip Code<br>54937-7359   | Purpose of Disbursement<br>Administrative/Salary/Overhead: Wages  | Category/<br>Type<br>001   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Brownboots Interactive</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                       |
| Mailing Address 108 S Main Street  |   | Amount of Each Disbursement this Period<br>600<br><b>Transaction ID : B-E-48955</b> |
| City<br>Fond Du Lac  | State<br>WI   |   |
| Zip Code<br>54935-4229   | Purpose of Disbursement<br>Other: Website maintenance   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Brownboots Interactive</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2013                         |
| Mailing Address 108 S Main Street  |   | Amount of Each Disbursement this Period<br>122.4<br><b>Transaction ID : B-E-48966</b> |
| City<br>Fond Du Lac  | State<br>WI   |   |
| Zip Code<br>54935-4229   | Purpose of Disbursement<br>Other: Website maintenance   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1156.27 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 29 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013                          |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>333.09<br><b>Transaction ID : B-E-48902</b> |
| City Alexandria State VA Zip Code 22314-2804   | Purpose of Disbursement<br>Other: Fundraising expenses   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013                        |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>2500<br><b>Transaction ID : B-E-48903</b> |
| City Alexandria State VA Zip Code 22314-2804   | Purpose of Disbursement<br>Other: Fundraising retainer   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 08 / 2013                           |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>2004.29<br><b>Transaction ID : B-E-48937</b> |
| City Alexandria State VA Zip Code 22314-2804   | Purpose of Disbursement<br>Other: Fundraising expenses   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4837.38 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 30 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 09 / 2013                        |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>2500<br><b>Transaction ID : B-E-48940</b> |
| City Alexandria  | State VA Zip Code 22314-2804   |  |
| Purpose of Disbursement<br>Other: Retainer   | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2013                        |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>4890<br><b>Transaction ID : B-E-48948</b> |
| City Alexandria  | State VA Zip Code 22314-2804   |  |
| Purpose of Disbursement<br>Other: Fundraising commission   | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Carole Goeas &amp; Associates</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 01 / 2013                        |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>2500<br><b>Transaction ID : B-E-48949</b> |
| City Alexandria  | State VA Zip Code 22314-2804   |  |
| Purpose of Disbursement<br>Other: Retainer   | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 9890.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 31 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Carole Goeas &amp; Associates</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013 |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>4915.24            |
| City Alexandria State VA Zip Code 22314-2804   | Purpose of Disbursement<br>Other: Fundraising expenses |   |
| Candidate Name   | Category/Type  | Transaction ID : B-E-48957                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                       |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Carole Goeas &amp; Associates</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013 |
| Mailing Address 1707 Prince Street<br>Apt. 5   |  | Amount of Each Disbursement this Period<br>2500               |
| City Alexandria State VA Zip Code 22314-2804   | Purpose of Disbursement<br>Other: Retainer |   |
| Candidate Name   | Category/Type                              | Transaction ID : B-E-48962                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                           |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Charter Communications</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 12 / 2013 |
| Mailing Address 5720 Bandel Road NW  |  | Amount of Each Disbursement this Period<br>179.65             |
| City Rochester State MN Zip Code 55901-2161  | Purpose of Disbursement<br>Other: Phone and Internet |   |
| Candidate Name   | Category/Type  | Transaction ID : B-E-48941                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                                     |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7594.89 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 32 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Charter Communications</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013 |  |
| Mailing Address 5720 Bandel Road NW   |  |                        | Amount of Each Disbursement this Period<br>362.29             |  |
| City<br>Rochester   | State<br>MN  | Zip Code<br>55901-2161 | Transaction ID : B-E-48964                                    |  |
| Purpose of Disbursement<br>Other: Internet and Phone  |  | Category/<br>Type      |   |  |
| Candidate Name  |  |                        |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |
| State: District:  |  |                        |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Clare Wettstein</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013 |  |
| Mailing Address 463 S Park Avenue   |  |                          | Amount of Each Disbursement this Period<br>497.2              |  |
| City<br>Fond Du Lac   | State<br>WI  | Zip Code<br>54935-5224   | Transaction ID : B-E-48901                                    |  |
| Purpose of Disbursement<br>Travel: Mileage reimbursement  |  | Category/<br>Type<br>002 |   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Corecomm</b>   |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2013 |  |
| Mailing Address PO Box 790352   |  |                        | Amount of Each Disbursement this Period<br>50                 |  |
| City<br>Saint Louis   | State<br>MO  | Zip Code<br>63179-0352 | Transaction ID : B-E-48945                                    |  |
| Purpose of Disbursement<br>Other: Web hosting   |  | Category/<br>Type      |   |  |
| Candidate Name  |  |                        |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |   |  |
| State: District:  |  |                        |   |  |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 909.49 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 33 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Corecomm</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013                      |
| Mailing Address PO Box 790352  |   | Amount of Each Disbursement this Period<br>25<br><b>Transaction ID : B-E-48959</b> |
| City<br>Saint Louis  | State<br>MO   |  |
| Zip Code<br>63179-0352   | Purpose of Disbursement<br>Other: Web hosting   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Corecomm</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013                      |
| Mailing Address PO Box 790352  |   | Amount of Each Disbursement this Period<br>25<br><b>Transaction ID : B-E-49273</b> |
| City<br>Saint Louis  | State<br>MO   |  |
| Zip Code<br>63179-0352   | Purpose of Disbursement<br>Other: Webhosting  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Exchange Club of Fond du Lac</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2013                      |
| Mailing Address PO Box 1786  |   | Amount of Each Disbursement this Period<br>75<br><b>Transaction ID : B-E-48947</b> |
| City<br>Fond Du Lac  | State<br>WI   |  |
| Zip Code<br>54936-1786   | Purpose of Disbursement<br>Other: Dues  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 125.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 34 OF 49 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Fond du Lac Rotary</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2013                       |
| Mailing Address PO Box 182   |   | Amount of Each Disbursement this Period<br>237<br><b>Transaction ID : B-E-48969</b> |
| City<br>Fond Du Lac  | State<br>WI   |   |
| Zip Code<br>54936-0182   | Purpose of Disbursement<br>Other: Dues  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HBA of Fond du lac</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 08 / 2013                        |
| Mailing Address 490 W Rolling Meadows Drive  |   | Amount of Each Disbursement this Period<br>1130<br><b>Transaction ID : B-E-48938</b> |
| City<br>Fond Du Lac  | State<br>WI   |  |
| Zip Code<br>54937-8609   | Purpose of Disbursement<br>Other: Rent  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. HBA of Fond du lac</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 01 / 2013                        |
| Mailing Address 490 W Rolling Meadows Drive  |   | Amount of Each Disbursement this Period<br>1130<br><b>Transaction ID : B-E-48950</b> |
| City<br>Fond Du Lac  | State<br>WI   |  |
| Zip Code<br>54937-8609   | Purpose of Disbursement<br>Other: Rent  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2497.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 35 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HBA of Fond du lac</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013                        |
| Mailing Address 490 W Rolling Meadows Drive  |   | Amount of Each Disbursement this Period<br>1130<br><b>Transaction ID : B-E-48961</b> |
| City<br>Fond Du Lac  | State<br>WI   |  |
| Zip Code<br>54937-8609   | Purpose of Disbursement<br>Other: Rent  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 11 / 2013                          |
| Mailing Address PO Box 804522  |   | Amount of Each Disbursement this Period<br>464.39<br><b>Transaction ID : B-E-48971</b> |
| City<br>Cincinnati   | State<br>OH   |  |
| Zip Code<br>45280-4522   | Purpose of Disbursement<br>Other: Payroll tax   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Internal Revenue Service</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2013                         |
| Mailing Address PO Box 804522  |   | Amount of Each Disbursement this Period<br>10.23<br><b>Transaction ID : B-E-48973</b> |
| City<br>Cincinnati   | State<br>OH   |   |
| Zip Code<br>45280-4522   | Purpose of Disbursement<br>Other: Payroll tax   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1604.62 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 36 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Internal Revenue Service</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2013                          |
| Mailing Address PO Box 804522  |  | Amount of Each Disbursement this Period<br>380.81<br><b>Transaction ID : B-E-48978</b> |
| City Cincinnati State OH Zip Code 45280-4522   | Purpose of Disbursement<br>Other: Payroll tax  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>                                    |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 04 / 2013                          |
| Mailing Address PO Box 804522  |  | Amount of Each Disbursement this Period<br>472.71<br><b>Transaction ID : B-E-49276</b> |
| City Cincinnati State OH Zip Code 45280-4522   | Purpose of Disbursement<br>Other: Payroll tax  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Intuit Online Payroll</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 08 / 2013                         |
| Mailing Address 2632 Marine Way  |  | Amount of Each Disbursement this Period<br>45.99<br><b>Transaction ID : B-E-48970</b> |
| City Mountain View State CA Zip Code 94043-1126  | Purpose of Disbursement<br>Other: Payroll service fee  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 899.51 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 37 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Intuit Online Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 06 / 2013 |
| Mailing Address 2632 Marine Way   |  | Amount of Each Disbursement this Period<br>45.99              |
| City Mountain View  | State CA   |   |
| Zip Code 94043-1126   | Purpose of Disbursement<br>Other: Payroll service fee  | Transaction ID : B-E-48979                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Intuit Online Payroll</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 06 / 2013 |
| Mailing Address 2632 Marine Way   |  | Amount of Each Disbursement this Period<br>45.99              |
| City Mountain View  | State CA   |   |
| Zip Code 94043-1126   | Purpose of Disbursement<br>Other: Payroll service fee  | Transaction ID : B-E-49277                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Mineral Springs Water</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 03 / 2013 |
| Mailing Address 3027 Jackson Street   |  | Amount of Each Disbursement this Period<br>30.44              |
| City Oshkosh  | State WI   |   |
| Zip Code 54901-1203   | Purpose of Disbursement<br>Other: Office supplies  | Transaction ID : B-E-48900                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 122.44 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 38 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mineral Springs Water</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                         |
| Mailing Address 3027 Jackson Street  |  | Amount of Each Disbursement this Period<br>30.44<br><b>Transaction ID : B-E-48958</b> |
| City Oshkosh State WI Zip Code 54901-1203  | Purpose of Disbursement Other: Office supplies   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mineral Springs Water</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 02 / 2013                         |
| Mailing Address 3027 Jackson Street  |  | Amount of Each Disbursement this Period<br>25.44<br><b>Transaction ID : B-E-48963</b> |
| City Oshkosh State WI Zip Code 54901-1203  | Purpose of Disbursement Other: Office supplies   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Oshkosh Rotary Club</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                       |
| Mailing Address PO Box 785   |  | Amount of Each Disbursement this Period<br>206<br><b>Transaction ID : B-E-48953</b> |
| City Oshkosh State WI Zip Code 54903-0785  | Purpose of Disbursement Other: Dues  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 261.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 39 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sadie Parafiniuk</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 31 / 2013</b>                           |
| Mailing Address <b>6456 Bonnie View Road</b>   |  | Amount of Each Disbursement this Period<br><b>1589.56</b><br><b>Transaction ID : B-E-48974</b> |
| City <b>Pickett</b> State <b>WI</b> Zip Code <b>54964-9505</b>   | Purpose of Disbursement<br>Administrative/Salary/Overhead: Wages<br>Candidate Name<br>Category/Type<br><b>001</b>                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sadie Parafiniuk</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 27 / 2013</b>                           |
| Mailing Address <b>6456 Bonnie View Road</b>   |  | Amount of Each Disbursement this Period<br><b>1589.55</b><br><b>Transaction ID : B-E-48982</b> |
| City <b>Pickett</b> State <b>WI</b> Zip Code <b>54964-9505</b>   | Purpose of Disbursement<br>Administrative/Salary/Overhead: Wages<br>Candidate Name<br>Category/Type<br><b>001</b>                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Sadie Parafiniuk</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>12 / 30 / 2013</b>                           |
| Mailing Address <b>6456 Bonnie View Road</b>   |  | Amount of Each Disbursement this Period<br><b>1589.56</b><br><b>Transaction ID : B-E-49278</b> |
| City <b>Pickett</b> State <b>WI</b> Zip Code <b>54964-9505</b>   | Purpose of Disbursement<br>Administrative/Salary/Overhead: Wages<br>Candidate Name<br>Category/Type<br><b>001</b>                                  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4768.67</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 40 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Mail Haus</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013                           |
| Mailing Address 1745 Suburban Drive  |   | Amount of Each Disbursement this Period<br>5816.66<br><b>Transaction ID : B-E-49272</b> |
| City<br>De Pere  | State<br>WI   |   |
| Zip Code<br>54115-1850   | Purpose of Disbursement<br>Other: Christmas card mailing  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Voyageur Company, LLC</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                            |
| Mailing Address 1151 Orchard Circle  |   | Amount of Each Disbursement this Period<br>18331.93<br><b>Transaction ID : B-E-48981</b> |
| City<br>Saint Paul   | State<br>MN   |  |
| Zip Code<br>55118-4146   | Purpose of Disbursement<br>Other: Direct mailing  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. USBank</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 12 / 2013                           |
| Mailing Address 55 S Main Street   |   | Amount of Each Disbursement this Period<br>1676.25<br><b>Transaction ID : B-E-48942</b> |
| City<br>Fond Du Lac  | State<br>WI   |   |
| Zip Code<br>54935-4232   | Purpose of Disbursement<br>Other: Credit card payment   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  | Original vendors exceeding reporting threshold itemized as memo transactions.           |

|   |          |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 25824.84 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 41 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Festival Foods</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 04 / 2013 |
| Mailing Address 1125 E Johnson Street   |  | Amount of Each Disbursement this Period<br>165.99             |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-8925  | Purpose of Disbursement<br>Food for event  | Transaction ID : B-S-182                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)             |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USBank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2013 |
| Mailing Address 55 S Main Street  |  | Amount of Each Disbursement this Period<br>39                 |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-4232  | Purpose of Disbursement<br>Late fee  | Transaction ID : B-S-183                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)             |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. USBank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 02 / 2013 |
| Mailing Address 55 S Main Street  |  | Amount of Each Disbursement this Period<br>16.74              |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-4232  | Purpose of Disbursement<br>Interest  | Transaction ID : B-S-184                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)             |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 42 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 01 / 2013 |
| Mailing Address 205 Pennsylvania Avenue SE<br>Upper  |  | Amount of Each Disbursement this Period<br>700           |
| City Washington  | State DC   |  |
| Zip Code 20003-1182  | Purpose of Disbursement BackOffice Software  | Transaction ID : B-S-185                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)        |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 01 / 2013 |
| Mailing Address 205 Pennsylvania Avenue SE<br>Upper  |  | Amount of Each Disbursement this Period<br>700           |
| City Washington  | State DC   |  |
| Zip Code 20003-1182  | Purpose of Disbursement BackOffice Software  | Transaction ID : B-S-188                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)        |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. U.S. Postmaster</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 22 / 2013 |
| Mailing Address 99 W 2nd Street  |  | Amount of Each Disbursement this Period<br>5.6           |
| City Fond Du Lac   | State WI   |  |
| Zip Code 54935-4158  | Purpose of Disbursement Postage  | Transaction ID : B-S-190                                 |
| Candidate Name   | Category/Type  |  |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of USBank(10/12/13)        |
| State: District:   |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 43 OF 49   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USBank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2013                 |
| Mailing Address 55 S Main Street  |  | Amount of Each Disbursement this Period<br>710.93                             |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-4232  | Purpose of Disbursement<br>Other: Credit card payment  | Original vendors exceeding reporting threshold itemized as memo transactions. |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aristotle</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 01 / 2013 |
| Mailing Address 205 Pennsylvania Avenue SE<br>Upper   |  | Amount of Each Disbursement this Period<br>700                |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20003-1182  | Purpose of Disbursement<br>BackOffice software   | [MEMO ITEM]<br>Subitemization of USBank(11/19/13)             |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. USBank</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2013                 |
| Mailing Address 55 S Main Street  |  | Amount of Each Disbursement this Period<br>748.95                             |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-4232  | Purpose of Disbursement<br>Other: Credit card payment  | Original vendors exceeding reporting threshold itemized as memo transactions. |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1459.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 45 OF 49                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. White House Historical Association</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 28 / 2013</b>                         |
| Mailing Address <b>PO Box 96586</b>   |   | Amount of Each Disbursement this Period<br><b>517.5</b><br><b>Transaction ID : B-E-48951</b> |
| City<br><b>Washington</b>   | State<br><b>DC</b>  |  |
| Zip Code<br><b>20090-6586</b>   | Purpose of Disbursement<br><b>Other: Christmas ornaments</b>  | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: <b>2014</b>   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | State: District:   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WI Dept. of Revenue</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 25 / 2013</b>                         |
| Mailing Address <b>PO Box 8903</b>                                       |   | Amount of Each Disbursement this Period<br><b>89.75</b><br><b>Transaction ID : B-E-48972</b> |
| City<br><b>Madison</b>   | State<br><b>WI</b>  |  |
| Zip Code<br><b>53708-8903</b>  | Purpose of Disbursement<br><b>Other: Payroll tax</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: <b>2014</b>  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | State: District:   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. WI Dept. of Revenue</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 04 / 2013</b>                         |
| Mailing Address <b>PO Box 8903</b>                                       |   | Amount of Each Disbursement this Period<br><b>82.53</b><br><b>Transaction ID : B-E-48977</b> |
| City<br><b>Madison</b>   | State<br><b>WI</b>  |  |
| Zip Code<br><b>53708-8903</b>  | Purpose of Disbursement<br><b>Other: Payroll tax</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: <b>2014</b>  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)  | State: District:   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>689.78</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 46 OF 49   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WI Dept. of Revenue</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 03 / 2013 |
| Mailing Address PO Box 8903   |  | Amount of Each Disbursement this Period<br>94.99              |
| City<br>Madison   | State<br>WI  |   |
| Zip Code<br>53708-8903  | Purpose of Disbursement<br>Other: Payroll Tax  | Transaction ID : B-E-49275                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Woods Floral and Gifts</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 08 / 2013 |
| Mailing Address 36 N Main Street # 38   |  | Amount of Each Disbursement this Period<br>61.19              |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-3420  | Purpose of Disbursement<br>Other: Funeral arrangement  | Transaction ID : B-E-48939                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Woods Floral and Gifts</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2013 |
| Mailing Address 36 N Main Street # 38   |  | Amount of Each Disbursement this Period<br>69.1               |
| City<br>Fond Du Lac   | State<br>WI  |   |
| Zip Code<br>54935-3420  | Purpose of Disbursement<br>Other: Funeral arrangement  | Transaction ID : B-E-48965                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 225.28 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 47 OF 49                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2013                      |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>30<br><b>Transaction ID : B-E-48975</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Account fee   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2013                         |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>96.78<br><b>Transaction ID : B-E-48976</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Payment fees  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2013                      |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>30<br><b>Transaction ID : B-E-48983</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Account fee   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 156.78 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 48 OF 49 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 30 / 2013                        |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>14.8<br><b>Transaction ID : B-E-48984</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Payment fees  |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013                      |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>30<br><b>Transaction ID : B-E-49280</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Account fee   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PayPal Account</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013                         |
| Mailing Address 2145 Hamilton Avenue   |  | Amount of Each Disbursement this Period<br>79.24<br><b>Transaction ID : B-E-49281</b> |
| City San Jose State CA Zip Code 95125-5905   | Purpose of Disbursement Other: Payment fees  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 124.04 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   | PAGE 49 OF 49   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Citizens for Tom Petri**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Society Insurance</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2013                       |
| Mailing Address PO Box 1029  |   | Amount of Each Disbursement this Period<br>112<br><b>Transaction ID : B-E-48946</b> |
| City<br>Fond Du Lac  | State<br>WI   |   |
| Zip Code<br>54936-1029   | Purpose of Disbursement<br>Other: Insurance   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dustin Painter</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 25 / 2013                          |
| Mailing Address 3050 K Street NW<br>Suite 400  |   | Amount of Each Disbursement this Period<br>227.15<br><b>Transaction ID : B-I-49285</b> |
| City<br>Washington   | State<br>DC   |  |
| Zip Code<br>20007-5100   | Purpose of Disbursement<br>Inkind: Food   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 339.15   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 66925.66 |