

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 10  
10/17/2000 12 : 51

<b>1. NAME OF COMMITTEE (in full)</b> <b>Wisconsin Leadership PAC</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 888 16th St NW	<b>2. FEC IDENTIFICATION NUMBER</b> C00345744
<b>CITY, STATE, and ZIP CODE</b> Washington                      DC    20006	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report                       Twelfth day report preceding \_\_\_\_\_  
(election type)
- July 31 Mid-Year Report (Non-election Year Only)                      election on \_\_\_\_\_ In the State of \_\_\_\_\_
- Termination report                      on \_\_\_\_\_ In the State of \_\_\_\_\_
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment       YES       NO

<b>SUMMARY</b>	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		64051.80
(b) Cash on Hand at Beginning of Reporting Period .....	95065.24	
(c) Total Receipts (from line 19) .....	42525.00	80840.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	137390.24	144891.88
7. Total Disbursements (from line 30) .....	26650.00	34151.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	110740.24	110740.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	3882.18	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer <b>Electronically Filed by Loretta Rhyne</b>	
Signature of Treasurer	Date 10/13/2000

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

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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>Wisconsin Leadership PAC</b>	REPORT COVERING PERIOD		
	FROM 07/01/2000	TO: 09/30/2000	
<b>I. Receipts</b>	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	23000.00	43500.00	11.a.i.
ii. Unitemized .....	575.00	1025.00	11.a.ii.
iii. Total .....	23575.00	44525.00	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	18750.00	38315.28	11.c.
d. Total Contributions .....	42325.00	80840.28	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	42325.00	80840.28	19.
20. Total Federal Receipts .....	42325.00	80840.28	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	5211.00	10712.64	21.b.
c. Total Operating Expenditures .....	5211.00	10712.64	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	21439.00	23439.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	29650.00	34151.64	30.
31. Total Federal Disbursements .....	29650.00	34151.64	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	42325.00	80840.28	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	42325.00	80840.28	34.
35. Total Federal Operating Expenditures .....	5211.00	10712.64	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	5211.00	10712.64	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 10</b>
			FOR LINE NUMBER <b>11A1</b>

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

**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Stephen J. Jerome  Fordham Rd. & Jerome Ave.  Bronx NY 10468	Name of Employer Monroe College	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Lorenz Hart  923 North Barton St.  Arlington VA 22201	Name of Employer HartCo Strategies	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> John G. Ryan  1432 Highwood Drive  McLean VA 22101	Name of Employer Bristol-Myers Squibb, Co	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> R/Thomas Welmer  8151 Loch Raven Dr.  McLean VA 22101	Name of Employer University of California	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 500.00
	Occupation Director, Gov'l Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Margaret L. Smith  1840 N. Prospect St.  Milwaukee WI 53202	Name of Employer Retired	Date (month, day, year) 09/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Donald G. Jones  254 Winnebago Dr. P.O. Box 1167 Fond Du Lac WI 54935	Name of Employer Spirit Enterprises	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 5000.00
	Occupation CEO/President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> J. Peter Mosing  201 County Rd. FF  Pickett WI 54964	Name of Employer Retired	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 1500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 10</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> William D. Perez  3101 Michigan Blvd.  Racine WI 53402	Name of Employer S.C. Johnson & Son	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 250.00
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Anthony W. Bryant  P.O. Box 498  Waukesha WI 53287	Name of Employer Century Fence Co.	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Frederick H. Dohmen  3903 W. Mequon Rd. 112N Mequon WI 53092	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> James L. French  1515 Ridge Rd.  Sheboygan WI 53083	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 2500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael W. Grebe  8205 N. Range Line Rd.  Milwaukee WI 53217	Name of Employer Foley & Laudner	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Jan M. Juranitch  W 360 N6251 Brown St.  Oconomowoc WI 53066	Name of Employer	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Chel Krause  P.O. Box 158  Iola WI 54945	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 10</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> Jon C. Lundgren  431 Woodhaven  Cedarburg WI 53012	Name of Employer Wisconsin Gas Co.	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Dir. Gov't Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

<b>Full Name, Mailing Address, and ZIP Code</b> J.C. MacNeil  P.O. Box 17848  Milwaukee WI 53217	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> Stephen Mosling  W3993 Northwoods Trail  Waucoma WI 54982	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> Lee T. Palmer  N29 W29682 Franciscan Dr.  Pewaukee WI 53072	Name of Employer Auto. Fire Protection Inc.	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

<b>Full Name, Mailing Address, and ZIP Code</b> Robert A. Shaefer  S27 W32696 Highway G  Dousman WI 53118	Name of Employer Retired	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> Richard C. Steinmetz  7230 North Wayside Dr.  Glendale WI 53209	Name of Employer Rockwell Automation	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>23000.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	6 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11C

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**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> INTERNATIONAL MASS RETAIL ASSOCIATION PAC FKA IMRAPAC 1700 NORTH MOORE STREET SUITE Z250 ARLINGTON VA 22209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 07/05/2000	Amount of Each Receipt this Period 500.00
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> AMERICAN SOCIETY OF PLASTIC SURGEONS 444 EAST ALGONQUIN RD ARLINGTON HEIGHTS IL 60005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 1000.00
		Aggregate Year-to-Date > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC) 295 NORTH MAPLE AVENUE BASKING RIDGE NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 1000.00
		Aggregate Year-to-Date > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE 18011 NE 38TH WAY BOX 97017 REDMOND WA 98073 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 2000.00
		Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> VERNER, LIIPFERT, BERNHARD, MCPHERSON AND HAND, CHARTERED POLITICAL ACTION COMMITTEE 901 15TH STREET NW SUITE 700 WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 2000.00
		Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC) POST OFFICE BOX 981039 3017 LOU MENK DRIVE FORT WORTH TX 76102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 2000.00
		Aggregate Year-to-Date > \$ 2000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE 1200 17TH STREET N.W. WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer  Occupation	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 1000.00
		Aggregate Year-to-Date > \$ 1000.00	

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>7 / 10</b>
			FOR LINE NUMBER <b>11C</b>

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**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

<b>Full Name, Mailing Address, and ZIP Code</b> POLICE OFFICER POLITICAL ACTION COMMITTEE 1840 NORTH FARWELL AVE SUITE 400  MILWAUKEE WI 53202	Name of Employer	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> TOBY ROTH FOR CONGRESS '98 COMMITTEE 512 W COLLEGE AVENUE  APPLETON WI 54911	Name of Employer	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> INTERNATIONAL TRUCK AND ENGINE CORPORATION GOOD GOVERNMENT COMMITTEE 435 NORTH CITYFRONT PLAZA DRIVE  CHICAGO IL 60611	Name of Employer	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		

<b>Full Name, Mailing Address, and ZIP Code</b> NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE INML FEDPA 720 EAST WISCONSIN AVENUE ROOM 647  MILWAUKEE WI 53202	Name of Employer	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		

<b>Full Name, Mailing Address, and ZIP Code</b> AMERICAN FAMILY MUTUAL INSURANCE COMPANY FEDERAL PAC (AMFAM FEDERAL PAC) 5000 AMERICAN PARKWAY  MADISON WI 53705	Name of Employer	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

<b>Full Name, Mailing Address, and ZIP Code</b> NATIONAL PROPANE GAS ASSOCIATION POLITICAL ACTION COMMITTEE (PROPANE PAC) 1600 EISENHOWER LANE  LISLE IL 60532	Name of Employer	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) ..... **18750.00**

**SCHEDULE B****ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page**8 / 10**FOR LINE NUMBER  
**21B**

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**NAME OF COMMITTEE (In Full)**  
**Wisconsin Leadership PAC**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The O'Neil Group  610 N. Water St. Suite 310 Milwaukee WI 53202	Fundraising Consultant  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	07/31/2000	3000.00
Philip Kiko  3500 Arlington Blvd.  Arlington VA 22204	Travel reimbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/24/2000	210.00
Hon. F. James Sensenbrenner, Jr. 2332 RHOB  Washington DC 20515	Travel reimbursement to PAC fundraiser  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/24/2000	731.00
Public Affairs Management  1000 16th St. N.W. Suite 500 Washington DC 20036	Admin costs - prep of report  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/27/2000	600.00
U.S. Postal Service  Washington DC 20006	Postage for invitations/ Breakfast  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/27/2000	660.00

**SUBTOTALS** of Disbursements This Page (Optional) .....**TOTALS** This Period (last page this line number only) .....**5201.00**



<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>9 / 10</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Wisconsin Leadership PAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Hon. F. James Sensenbrenner, Jr. 2332 RHOB  Washington DC 20515	<b>Purpose of Disbursement</b> Travel reimbursement/ in-kind cont.  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Disbursement This Period</b> 485.00	
<b>Full Name, Mailing Address, and ZIP Code</b> STOKER FOR CONGRESS  626 E MAIN ST STE C  SANTA MARIA CA 93454	<b>Purpose of Disbursement</b> In-kind cont. for travel/ fundraiser (House - CA - 22)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Disbursement This Period</b> 485.00  <b>[MEMO ITEM]</b>	
<b>Full Name, Mailing Address, and ZIP Code</b> GRUCCI FOR CONGRESS  PO BOX 790  MEDFORD NY 11763	<b>Purpose of Disbursement</b> In-kind contribution for travel  (House - NY - 01)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/29/2000	<b>Amount of Each Disbursement This Period</b> 1027.00  <b>[MEMO ITEM]</b>	
<b>Full Name, Mailing Address, and ZIP Code</b> F. James Sensenbrenner  2332 RHOB  Washington DC 20515	<b>Purpose of Disbursement</b> travel expense reimbursement   Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/29/2000	<b>Amount of Each Disbursement This Period</b> 927.00	
<b>Full Name, Mailing Address, and ZIP Code</b> F. James Sensenbrenner  2332 RHOB  Washington DC 20515	<b>Purpose of Disbursement</b> Travel reimbursement/ in-kind   Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : General	<b>Date (month, day, year)</b> 08/29/2000	<b>Amount of Each Disbursement This Period</b> 1027.00	
<b>Full Name, Mailing Address, and ZIP Code</b> STOKER FOR CONGRESS  626 E MAIN ST STE C  SANTA MARIA CA 93454	<b>Purpose of Disbursement</b> travel expenses/ in-kind  (House - CA - 22)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 08/29/2000	<b>Amount of Each Disbursement This Period</b> 927.00  <b>[MEMO ITEM]</b>	
<b>Full Name, Mailing Address, and ZIP Code</b> SHARPLESS FOR CONGRESS  P.O. BOX 260050  MADISON WI 53726	<b>Purpose of Disbursement</b>   (House - WI - 02)  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/09/2000	<b>Amount of Each Disbursement This Period</b> 4000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS 320 FIRST STREET  WASHINGTON DC 20003	<b>Purpose of Disbursement</b>    Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/18/2000	<b>Amount of Each Disbursement This Period</b> 7500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Republican Congressional Committee 425 SECOND STREET NW  WASHINGTON DC 20002	<b>Purpose of Disbursement</b>    Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 09/19/2000	<b>Amount of Each Disbursement This Period</b> 7500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....			<b>21439.00</b>	

<b>SCHEDULE D</b> (Revised 3/80)		<b>DEBTS AND OBLIGATIONS</b> <b>Excluding Loans</b>			<b>10 / 10</b> Use separate schedule(s) for each numbered line FOR LINE NUMBER <b>10</b>
<b>NAME OF COMMITTEE (In Full)</b> <b>Wisconsin Leadership PAC</b>					
	<b>Outstanding Balance Beginning This Period</b>	<b>Amount Incurred This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>	
Full Name, Mailing Address, and Zip Code of Debtor or Creditor The O'Neill Group  610 N. Water St. Suite 310 Milwaukee WI 53202	0.00	2000.00	0.00	2000.00	
Nature of Debt (purpose): Remainder on Contract-fundraiser					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor O'Neil Group  610 N. Water St. Suite 310 Milwaukee WI 53202	0.00	1096.14	0.00	1096.14	
Nature of Debt (purpose): Invitation Costs-PIP Printing-Reimb.					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor O'Neil Group  610 Water St. Suite 310 Milwaukee WI 53202	0.00	546.04	0.00	546.04	
Nature of Debt (purpose): Invitation costs-PIP Printing /Reimb.					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor PETRI, THOMAS E  N5329 DE NEVEU LANE  FOND DU LAC WI 54935	0.00	250.00	0.00	250.00	
Nature of Debt (purpose): Contribution check misdeposited					
<b>1) SUBTOTALS</b> This Period This Page (Optional)					
<b>2) TOTALS</b> This Period (last page this line number only)				<b>3892.18</b>	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)					
<b>4) ADD</b> 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					