

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Citizens for Tom Petri

ADDRESS (number and street) PO Box 270 Check if different than previously reported. (ACC) Fond Du Lac WI 54936-0270

2. FEC IDENTIFICATION NUMBER C C00107003 3. IS THIS REPORT NEW (N) OR AMENDED (A) WI 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2014 through M M / D D / Y Y Y Y 12 / 31 / 2014

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 Louis Andrew, Jr

Signature of Treasurer Louis Andrew, Jr [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 16 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Citizens for Tom Petri

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	129	384266.4
(b) Total Contribution Refunds (from Line 20(d))	0	34500
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	129	349766.4
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	118030.81	757412.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	118030.81	757412.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	428174.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Citizens for Tom Petri

Report Covering the Period: From: 10 / 01 / 2014 To: 12 / 31 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0	51702.15	0
(ii) Unitemized		
129	26064.25	0
(iii) Total of contributions from individuals		
129	77766.4	0
(b) Political Party Committees		
0	0	0
(c) Other Political Committees		
0	306500	0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
129	384266.4	0
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	200	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0	0	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
519.15	2556.53	510.14
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
648.15	387022.93	510.14

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Citizens for Tom Petri

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
118030.81	757412.05	75261.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0	41996	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0	0	0
(b) Of All Other Loans		
0	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0	0	0
(b) Political Party Committees		
0	0	0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0	34500	0
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0	34500	0
---	-------	---

21. OTHER DISBURSEMENTS

0	0	0
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

118030.81	833908.05	75261.37
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

129.00	349766.40	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

118030.81	757412.05	75261.37
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	545557.04
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	648.15
25. SUBTOTAL (add Line 23 and Line 24).....	546205.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118030.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	428174.38

**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 7 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
National Exchange Bank

Mailing Address 130 S Main Street

City State Zip Code
Fond Du Lac WI 54935-4210

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
503.27

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : A-MF49588

Amount of Each Receipt this Period
269.99

Interest

B. Full Name (Last, First, Middle Initial)
National Exchange Bank

Mailing Address 130 S Main Street

City State Zip Code
Fond Du Lac WI 54935-4210

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
503.27

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : A-MF49589

Amount of Each Receipt this Period
233.28

Interest

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

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) **General 2014**

Election Cycle-to-Date
475.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : A-MF49586

Amount of Each Receipt this Period
9.01

Interest

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

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

512.28

512.28

**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 8 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Barb Hatch		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address N5432 Dondor Drive		Amount of Each Disbursement this Period 440.08 Transaction ID : B-E-49606
City Fond Du Lac	State WI	
Zip Code 54937-7359	Purpose of Disbursement Administrative/Salary/Overhead: Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Covington & Burling LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1201 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 37963.23 Transaction ID : B-E-49590
City Washington	State DC	
Zip Code 20004-2401	Purpose of Disbursement Non-offset reversal: Legal fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Covington & Burling LLP		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1201 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 38681.24 Transaction ID : B-E-49597
City Washington	State DC	
Zip Code 20004-2401	Purpose of Disbursement Other: Legal fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	77084.55
TOTAL 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 9 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Fond du Lac Rotary		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 182		Amount of Each Disbursement this Period 247 Transaction ID : B-E-49600
City Fond Du Lac	State WI	
Zip Code 54936-0182	Purpose of Disbursement Other: Dues	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. HBA of Fond du lac		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 490 W Rolling Meadows Drive		Amount of Each Disbursement this Period 1130 Transaction ID : B-E-49577
City Fond Du Lac	State WI	
Zip Code 54937-8609	Purpose of Disbursement Other: Rent	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. HBA of Fond du lac		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 490 W Rolling Meadows Drive		Amount of Each Disbursement this Period 1130 Transaction ID : B-E-49596
City Fond Du Lac	State WI	
Zip Code 54937-8609	Purpose of Disbursement Other: Rent	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2507.00
TOTAL 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 10 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. HBA of Fond du lac		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 490 W Rolling Meadows Drive		Amount of Each Disbursement this Period 1130 Transaction ID : B-E-49603
City Fond Du Lac	State WI	
Purpose of Disbursement Other: Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 511.87 Transaction ID : B-E-49613
City Cincinnati	State OH	
Purpose of Disbursement Other: Tax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 511.89 Transaction ID : B-E-49617
City Cincinnati	State OH	
Purpose of Disbursement Other: Tax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	2153.76
TOTAL 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 11 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 511.87 Transaction ID : B-E-49621
City Cincinnati State OH Zip Code 45280-4522	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 45 Transaction ID : B-E-49627
City Cincinnati State OH Zip Code 45280-4522	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 804522		Amount of Each Disbursement this Period 1626.94 Transaction ID : B-E-49628
City Cincinnati State OH Zip Code 45280-4522	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2183.81
TOTAL 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 12 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Intuit Online Payroll		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 45.99
City Mountain View State CA Zip Code 94043-1126	Purpose of Disbursement Other: Payroll service fee	
Candidate Name	Category/Type	Transaction ID : B-E-49614
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Leibham for Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address PO Box 941		Amount of Each Disbursement this Period 2000
City Sheboygan State WI Zip Code 53082-0941	Purpose of Disbursement Other: Debt retirement	
Candidate Name	Category/Type	Transaction ID : B-E-49598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Mineral Springs Water		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 3027 Jackson Street		Amount of Each Disbursement this Period 15.69
City Oshkosh State WI Zip Code 54901-1203	Purpose of Disbursement Other: Office supplies	
Candidate Name	Category/Type	Transaction ID : B-E-49580
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	2061.68
TOTAL 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 13 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Oshkosh Rotary Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 785		Amount of Each Disbursement this Period 412 Transaction ID : B-E-49595
City Oshkosh	State WI	
Purpose of Disbursement Other: Dues		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Roger Roth for State Senate		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 2224		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-49592
City Appleton	State WI	
Purpose of Disbursement Political Contribution: Contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Roto Graphic		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 575 Fond Du Lac Avenue		Amount of Each Disbursement this Period 5400 Transaction ID : B-E-49604
City Fond Du Lac	State WI	
Purpose of Disbursement Other: Postage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	6812.00
TOTAL 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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Roto Graphic		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 575 Fond Du Lac Avenue		Amount of Each Disbursement this Period 3651.25
City Fond Du Lac	State WI	
Zip Code 54935-5441	Purpose of Disbursement Other: Christmas card mailing	Transaction ID : B-E-49608
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sadie Parafiniuk		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 6456 Bonnie View Road		Amount of Each Disbursement this Period 1483.23
City Pickett	State WI	
Zip Code 54964-9505	Purpose of Disbursement Administrative/Salary/Overhead: Wages	Transaction ID : B-E-49615
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sadie Parafiniuk		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 6456 Bonnie View Road		Amount of Each Disbursement this Period 1483.23
City Pickett	State WI	
Zip Code 54964-9505	Purpose of Disbursement Administrative/Salary/Overhead: Wages	Transaction ID : B-E-49619
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6617.71
TOTAL 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 15 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Sadie Parafiniuk		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 6456 Bonnie View Road		Amount of Each Disbursement this Period 1483.22 Transaction ID : B-E-49623
City Pickett State WI Zip Code 54964-9505	Purpose of Disbursement Administrative/Salary/Overhead: Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sadie Parafiniuk		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 6456 Bonnie View Road		Amount of Each Disbursement this Period 1483.22 Transaction ID : B-E-49624
City Pickett State WI Zip Code 54964-9505	Purpose of Disbursement Administrative/Salary/Overhead: Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sadie Parafiniuk		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 6456 Bonnie View Road		Amount of Each Disbursement this Period 115 Transaction ID : B-E-49609
City Pickett State WI Zip Code 54964-9505	Purpose of Disbursement Other: Reimbursement for postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3081.44
TOTAL 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 16 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. U.S. Association of Former Members of Congress		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1401 K Street NW Suite 503		Amount of Each Disbursement this Period 10000 Transaction ID : B-E-49601
City Washington State DC Zip Code 20005-3417	Purpose of Disbursement Other: Association Membership	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USBank		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 55 S Main Street		Amount of Each Disbursement this Period 700 Transaction ID : B-E-49593
City Fond Du Lac State WI Zip Code 54935-4232	Purpose of Disbursement Other: Credit card payment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE Upper		Amount of Each Disbursement this Period 700 Transaction ID : B-S-236
City Washington State DC Zip Code 20003-1182	Purpose of Disbursement BackOffice Software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of USBank(11/05/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10700.00
TOTAL 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 17 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. USBank			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 55 S Main Street			Amount of Each Disbursement this Period 2131.9
City Fond Du Lac	State WI	Zip Code 54935-4232	
Purpose of Disbursement Other: Credit card payment		Category/ Type	Transaction ID : B-E-49605
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:			

Full Name (Last, First, Middle Initial) B. White House Historical Association			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address PO Box 96586			Amount of Each Disbursement this Period 1313.75
City Washington	State DC	Zip Code 20090-6586	
Purpose of Disbursement White House ornaments		Category/ Type	Transaction ID : B-S-238 [MEMO ITEM] Subitemization of USBank(12/17/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. USBank			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 55 S Main Street			Amount of Each Disbursement this Period 12.57
City Fond Du Lac	State WI	Zip Code 54935-4232	
Purpose of Disbursement Interest		Category/ Type	Transaction ID : B-S-239 [MEMO ITEM] Subitemization of USBank(12/17/14)
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	2131.90
TOTAL 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 18 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE Upper		Amount of Each Disbursement this Period 700
City Washington	State DC	
Zip Code 20003-1182	Purpose of Disbursement BackOffice Software	Transaction ID : B-S-240
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of USBank(12/17/14)
State: District:		

Full Name (Last, First, Middle Initial) B. USBank		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 55 S Main Street		Amount of Each Disbursement this Period 55.06
City Fond Du Lac	State WI	
Zip Code 54935-4232	Purpose of Disbursement Fees	Transaction ID : B-S-242
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of USBank(12/17/14)
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 99 W 2nd Street		Amount of Each Disbursement this Period 5.95
City Fond Du Lac	State WI	
Zip Code 54935-4158	Purpose of Disbursement Postage	Transaction ID : B-S-241
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of USBank(12/17/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 19 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. USBank		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 55 S Main Street		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-49611
City Fond Du Lac	State WI	
Zip Code 54935-4232	Purpose of Disbursement Other: Credit Card payment	Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE Upper		Amount of Each Disbursement this Period 1500 Transaction ID : B-S-243
City Washington	State DC	
Zip Code 20003-1182	Purpose of Disbursement BackOffice Software	[MEMO ITEM] Subitemization of USBank(12/30/14)
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Vorpapel for Assembly		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 41		Amount of Each Disbursement this Period 500 Transaction ID : B-E-49591
City Plymouth	State WI	
Zip Code 53073-0041	Purpose of Disbursement Political Contribution: Contribution	Category/Type 011
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL 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 20 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. WI Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address PO Box 8903		Amount of Each Disbursement this Period 57.78 Transaction ID : B-E-49612
City Madison State WI Zip Code 53708-8903	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WI Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 8903		Amount of Each Disbursement this Period 57.78 Transaction ID : B-E-49616
City Madison State WI Zip Code 53708-8903	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. WI Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address PO Box 8903		Amount of Each Disbursement this Period 57.78 Transaction ID : B-E-49620
City Madison State WI Zip Code 53708-8903	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	173.34
TOTAL 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 21 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) A. WI Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address PO Box 8903		Amount of Each Disbursement this Period 180.22
City Madison State WI Zip Code 53708-8903	Purpose of Disbursement Other: Tax	
Candidate Name	Category/Type	Transaction ID : B-E-49626
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	180.22
TOTAL This Period (last page this line number only).....	117687.41