

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

OCT 28 12 14 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

| | | |
|--|---------------------------------|--|
| 1. NAME OF COMMITTEE (in full) David Prosser for Congress | | 2. FEC IDENTIFICATION NUMBER C00316057 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 1097 10 College Avenue | | |
| CITY, STATE and ZIP CODE Appleton, WI 54912 | STATE/DISTRICT WI/8th | 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the General (Type of Election)
 election on 11-5-96 in the State of Wisconsin
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report for the (Type of Election)
 election on _____ in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

| 5. Covering Period <u>10-1-96</u> through <u>10-16-96</u> | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 103,626.00 | 394,852.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | - | - |
| (c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a)) | 103,626.00 | 394,852.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 72,858.23 | 352,579.97 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | - | 430.77 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 72,858.23 | 352,149.20 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 45,815.80 | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | - | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 3,000.00 | |

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 Mark C. Johannsen | |
| Signature of Treasurer | Date 10/21/96 |

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

| Name of Committee (in full) David Prosser for Congress C00316067 | Report Covering the Period: From: 10-1-96 To: 10-16-96 | |
|--|---|-----------------------------------|
| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Calendar Year-To-Date |
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (Use Schedule A) | 32,305.00 | |
| (ii) Unitemized | 14,621.00 | |
| (iii) Total of contributions from individuals | 46,926.00 | 229,077.00 |
| (b) Political Party Committees | 20,700.00 | 43,400.00 |
| (c) Other Political Committees (such as PACs) | 36,000.00 | 118,625.00 |
| (d) The Candidate | - | 3,750.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) | 103,626.00 | 394,852.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | - | 3,000.00 |
| (b) All Other Loans | | |
| (c) TOTAL LOANS (add 13(a) and (b)) | | 3,000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | | 430.77 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | 113.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | 103,626.00 | 398,395.77 |
| II. DISBURSEMENTS | | |
| 17. OPERATING EXPENDITURES Itemized 72,441.12 Unitemized 417.11 | 72,858.23 | 352,579.97 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| (b) Of All Other Loans | | |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) | | |
| 21. OTHER DISBURSEMENTS | | |
| 22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) | 72,858.23 | 352,579.97 |

III CASH SUMMARY

| | | |
|--|---------------|----|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | \$ 15,048.03 | 23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16) | \$ 103,626.00 | 24 |
| 25. SUBTOTAL (add Line 23 and Line 24) | \$ 118,674.03 | 25 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) | \$ 72,858.23 | 26 |
| 27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) | \$ 45,815.80 | 27 |

SCHEDULE A

ITEMIZED RECEIPTS

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

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

Any information copied from such Reports and Statements may not be sold or used by any other 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 for such committee.

NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | | |
|--|--|---|---|--|
| A. Full Name, Mailing Address and ZIP Code DEBRA MICHELS 1100 APPLETON ROAD MENASHA WI 54952 | | Name of Employer MICHELS CATERING | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| B. Full Name, Mailing Address and ZIP Code CHARLES P HEETER 905-C WINDFIELD PL. APPLETON WI 54911 | | Name of Employer RETIRED | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$300 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$550 | | |
| C. Full Name, Mailing Address and ZIP Code JOHN F BUTZ 1334 FOX RIVER DRIVE DEPERE WI 54115 | | Name of Employer BAY TOWEL | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| D. Full Name, Mailing Address and ZIP Code J SHEEHAN-DONOGHUE 6858 HIGHLAND DRIVE WINDSOR WI 53598 | | Name of Employer DIVISION OF EQUAL RIGHTS | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| E. Full Name, Mailing Address and ZIP Code BRIAN KNOX 421 MILWAUKEE AVENUE EAST FORT ATKINSON WI 53538 | | Name of Employer WD HOARD PUBLISHING | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| F. Full Name, Mailing Address and ZIP Code RANDALL SHAW KNOX N3551A HWY N JEFFERSON WI 53549 | | Name of Employer WD HOARD PUBLISHING | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,500 | | |
| G. Full Name, Mailing Address and ZIP Code WANDA PREISLER 250 LAWRENCE PARK FALLS WI 54552 | | Name of Employer PARKSIDE NURSING HOME | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$4,050 |
| TOTAL This Period (last page this line number only) | | | | |

SCHEDULE A

ITEMIZED RECEIPTS

| | | |
|---|------|----|
| Use separate subtotals for each category of the Detailed Summary Page | PAGE | OF |
| | 2 | B |
| FOR LINE NUMBER | | |
| 11(a) | | |

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)
DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|--|---|--|
| A. Full Name, Mailing Address and ZIP Code PATRICIA SCHNEIDER 421 ST MARY'S BLVD GREEN BAY WI 54301 | | Name of Employer Occupation HOUSEWIFE | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| B. Full Name, Mailing Address and ZIP Code JAMES R MILLER 11015 WEST AVENUE KENSINGTON MD 20895 | | Name of Employer Occupation | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| C. Full Name, Mailing Address and ZIP Code JERRY F CHERNEY N9349 ABITZ LANE LUXEMBURG WI 54217 | | Name of Employer Occupation RETIRED | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$300 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$300 | | |
| D. Full Name, Mailing Address and ZIP Code THOMAS F WILLIAMS 6964 HWY 57 BAILEY'S HARBOR WI 54202 | | Name of Employer Occupation RETIRED | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$455 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$455 | | |
| E. Full Name, Mailing Address and ZIP Code KATHLEEN MATZKE W8700 PHEASANT RUN HORTONVILLE WI 54944 | | Name of Employer FINANCIAL SERVICES OF APPLETON Occupation INVESTMENT COUNSELOR | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| F. Full Name, Mailing Address and ZIP Code MICHAEL MCCLONE PO BOX 389 MENASHA WI 54952 | | Name of Employer MCCLONE INSURANCE AGENCY Occupation PRESIDENT | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| G. Full Name, Mailing Address and ZIP Code WILLIAM J MALOOLY 731 BORDEAUX RUE GREEN BAY WI 54301 | | Name of Employer BANK ONE-GREEN BAY Occupation PRESIDENT | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$4,505 |
| TOTAL This Period (last page this line number only) | | | | |

SCHEDULE A

ITEMIZED RECEIPTS

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

| | |
|---------------------------------|----------------|
| PAGE 3 | OF 9 |
| FOR LINE NUMBER 11(a) | |

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|--|--------------------------------|------------------------------------|
| ROGER S SMITH 11211 N BOBOLINK LANE MEQUON WI 53082 | A. O. SMITH Occupation EXECUTIVE | 10/7/96 | \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | |
| B. Full Name, Mailing Address and ZIP Code STANLEY C PLZAK 2937 E WISCONSIN AVENUE APPLETON WI 54911 | PENSAR CORP Occupation PRESIDENT | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| C. Full Name, Mailing Address and ZIP Code GUY J SMITH 709 HICKORY FARM LANE APPLETON WI 54914 | SUBURBAN ELECTRIC, INC. Occupation OWNER | 10/7/96 | \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | |
| D. Full Name, Mailing Address and ZIP Code EDWIN A NAGEL LAND 'O LAKES WI 54540 | NAGEL LUMBER Occupation OWNER | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| E. Full Name, Mailing Address and ZIP Code PAUL GEHL BOX 303, 203 S 10 TH STREET HILBERT WI 54129 | LUNDA CONSTRUCTION Occupation VICE PRESIDENT | 10/7/96 | \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | |
| F. Full Name, Mailing Address and ZIP Code JOSEPH F SCHOENDORF JR 184 W WISCONSIN AVENUE MILWAUKEE WI 53203 | SELF EMPLOYED Occupation ATTORNEY | 10/7/96 | \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | |
| G. Full Name, Mailing Address and ZIP Code MICHAEL KRETZ PO BOX 1629 EAGLE RIVER WI 54521 | SELF EMPLOYED Occupation DOCTOR | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| SUBTOTAL of Receipts This Page (optional) | | | \$4,000 |
| TOTAL This Period (last page this line number only) | | | |

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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OF

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INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

FOR LINE NUMBER

11(a)

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NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|---|-------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code DAVID KACHEL 513 W CENTER WHITEWATER WI 53190 | | Name of Employer SELF EMPLOYED | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| B. Full Name, Mailing Address and ZIP Code E A VAN BOXTEL 1010 S. MILITARY AVE GREEN BAY WI 54304 | | Name of Employer ED VAN BOXTEL FORD | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$750 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,000 | | |
| C. Full Name, Mailing Address and ZIP Code WILLIAM SCHMIDT NI76 DEBRUIN RD KAUKAUNA WI 54130 | | Name of Employer US OIL | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,500 | | |
| D. Full Name, Mailing Address and ZIP Code SALLY H THOMPSON 1350 FOX RIVER DRIVE DE PERE WI 54115 | | Name of Employer (blank) | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$400 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$400 | | |
| E. Full Name, Mailing Address and ZIP Code H B CONLON 1116 FOX RIVER DRIVE DE PERE WI 54115 | | Name of Employer ASSOCIATED BANK | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| F. Full Name, Mailing Address and ZIP Code BILL BROYDRICK 210 BARK RIVER COURT DELAFIELD WI 53018 | | Name of Employer SELF EMPLOYED | Date (month, day, year) 10/15/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,000 | | |
| G. Full Name, Mailing Address and ZIP Code CINDI BROYDRICK 210 BARK RIVER COURT DELAFIELD WI 53018 | | Name of Employer SELF EMPLOYED | Date (month, day, year) 10/15/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,000 | | |

SUBTOTAL of Receipts This Page (optional)

\$5,150

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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

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| PAGE | OF |
| 6 | 9 |
| FOR LINE NUMBER | |
| 11(a) | |

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NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|---|--|--|
| A. Full Name, Mailing Address and ZIP Code JAMES P CONNELLY 777 E WISCONSIN AVENUE MILWAUKEE WI 53202 | | Name of Employer Occupation | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| B. Full Name, Mailing Address and ZIP Code TIM NEUVILLE PO BOX 365 WAUPACA WI 54981 | | Name of Employer COLDWELL BANKER Occupation EXECUTIVE | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$300 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$300 | | |
| C. Full Name, Mailing Address and ZIP Code LUCIA BAEHMAN 700 WOODCREST DRIVE APPLETON WI 54915 | | Name of Employer Occupation HOMEMAKER | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| D. Full Name, Mailing Address and ZIP Code SCOTT C DACEY 8130 WELLINGTON ROAD ALEXANDRIA VA 22308 | | Name of Employer SELF EMPLOYED Occupation LOBBYIST | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$750 | | |
| E. Full Name, Mailing Address and ZIP Code STEVEN POLLACK 1399 PRAIRIE CREEK CT CARMEL IN 46032 | | Name of Employer GOLDEN RULE FINANCIAL Occupation CHIEF INVESTMENT OFFICER | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| F. Full Name, Mailing Address and ZIP Code MIKE GAVRONSKI 1627 N EUGENE STREET APPLETON WI 54914 | | Name of Employer TRI COUNTY DISTRIBUTORS Occupation EXECUTIVE | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$750 | | |
| G. Full Name, Mailing Address and ZIP Code LOUIS J ANDREW JR PO BOX 147 FOND DU LAC WI 54936-0147 | | Name of Employer SELF EMPLOYED Occupation ATTORNEY | Date (month, day, year) 10/15/96 | Amount of Each Receipt this Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | \$2,800 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|--|--|-------------------------|------------------------------------|
| MARY R CONNOR 1220 EASTHILL DRIVE WAUSAU WI 54403 | | RETIRED | 10/12/96 | \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$750 | | |
| B. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| C J HARTWIG PO BOX 733 APPLETON WI 54912 | | CRYSTAL PRINTING OWNER | 10/12/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| C. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| D A RAUSE 18 JEWELERS PARK DRIVE NEENAH WI 54957-0377 | | MC DONALDS OWNER | 10/12/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| D. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| KATHLEEN HEMPEL 2540 PARKWOOD DRIVE GREEN BAY WI 54304 | | FORT HOWARD CORP. BUSINESS EXECUTIVE | 10/12/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| E. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| HARRY MACCO 4144 HWY W DE PERE WI 54115 | | SELF EMPLOYED DEVELOPER | 10/12/96 | \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| MICHAEL T HUNTER N4265 HWY 52 ANTIGO WI 54409 | | VOLM BAG CORPORATE EXECUTIVE | 10/12/96 | \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| WILLIAM O FLETCHER JR MD 3580 GRAND MEADOWS DR APPLETON WI 54915 | | APPLETON CARDIOLOGY ASSOCIATES DOCTOR | 10/12/96 | \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$2,750 |
| TOTAL This Period (last page this line number only) | | | | |

SCHEDULE A

ITEMIZED RECEIPTS

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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

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| FOR LINE NUMBER | |
| 11(a) | |

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NAME OF COMMITTEE (in Full)
DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|--|------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code BERNARD E DAHLIN 1313 DELRAY DR. GREEN BAY WI 54004 | | Name of Employer NICHOLS PAPER PRODUCTS | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,250 | | |
| B. Full Name, Mailing Address and ZIP Code FRANK SHATTUCK 561 CHATHAM COURT NEENAH WI 54957 | | Name of Employer RETIRED | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| C. Full Name, Mailing Address and ZIP Code ROBERT G BUSH 3062 BAY VIEW DRIVE GREEN BAY WI 54311 | | Name of Employer SCHREIBER FOODS | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| D. Full Name, Mailing Address and ZIP Code CHARLES B SIEKMAN PO BOX 393 APPLETON WI 54912 | | Name of Employer SELF EMPLOYED | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| E. Full Name, Mailing Address and ZIP Code FRANK HECKRODT 7 GOLF TERRACE COURT APPLETON WI 54915 | | Name of Employer RETIRED | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,500 | | |
| F. Full Name, Mailing Address and ZIP Code OLIVER SMITH BOX 11 MENASHA WI 54952 | | Name of Employer RETIRED | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| G. Full Name, Mailing Address and ZIP Code PHILIP M GELATT 450 LOSEY COURT LANE LA CROSSE WI 54601 | | Name of Employer NORTHERN ENGRAVING CORP. | Date (month day, year) 10/12/96 | Amount of Each Receipt this Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |

SUBTOTAL of Receipts This Page (optional) \$4,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
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| FOR LINE NUMBER 11(a) | | |

Any information copied from such Reports and Statements may not be sold or used by any other 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 for such committee.

NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|--|--|--|
| A. Full Name, Mailing Address and ZIP Code CHESTER L. KRAUSE PO BOX 158 IOLA WI 54945 | | Name of Employer KRAUSE PUBLICATIONS | Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description PUBLISHER | Aggregate Year-to-Date \$2,000 | |
| B. Full Name, Mailing Address and ZIP Code PAUL ROLLER 14640 HILLSIDE ROAD ELM GROVE WI 53122 | | Name of Employer MILLER BRANDS | Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description BEER WHOLESALER | Aggregate Year-to-Date \$250 | |
| C. Full Name, Mailing Address and ZIP Code JANE KAUFMAN 120 OMBRE ROSE DR COMBINED LOCKS WI 54113 | | Name of Employer | Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$300 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description HOMEMAKER | Aggregate Year-to-Date \$300 | |
| D. Full Name, Mailing Address and ZIP Code DONALD J SCHNEIDER 421 ST. MARY'S BLVD. GREEN BAY, WI 54301 | | Name of Employer SCHNEIDER NATIONAL | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description OWNER/PRESIDENT | Aggregate Year-to-Date \$1,000 | |
| E. Full Name, Mailing Address and ZIP Code ERROLL B DAVIS JR 7829 NOLL VALLEY ROAD VERONA WI 53593 | | Name of Employer WISCONSIN POWER AND LIGHT | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description CEO | Aggregate Year-to-Date \$250 | |
| F. Full Name, Mailing Address and ZIP Code ELIZABETH PROSSER 821 E. COLLEGE AVE. APPLETON, WI 54911 | | Name of Employer | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description RETIRED | Aggregate Year-to-Date \$750 | |
| G. Full Name, Mailing Address and ZIP Code PATRICIA MCCOY 317 E BEACON STREET NEW LONDON WI 54961 | | Name of Employer CENTURY 21 | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Description REALTOR | Aggregate Year-to-Date \$250 | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$3,300 |
| TOTAL This Period (last page this line number only) | | | | \$3,300 |

SCHEDULE A

ITEMIZED RECEIPTS

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

INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|--------------------------------------|-------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code VICTOR I MINAHAN 4351 W COLLEGE AVENUE STE 218 APPLETON WI 54914-3907 | | Name of Employer RETIRED | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$250 | | |
| B. Full Name, Mailing Address and ZIP Code ROBERT J ORTH 2252 W HIAWATHA DRIVE APPLETON WI 54915 | | Name of Employer OMNNI ASSOCIATES | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$250 | | |
| C. Full Name, Mailing Address and ZIP Code PHIL RAMLET 1621 S DOUGLAS ST APPLETON WI 54914 | | Name of Employer OMNNI ASSOCIATES | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$250 | | |
| D. Full Name, Mailing Address and ZIP Code MRS JOHN G STRANGE N2593 CRY RD EE APPLETON WI 54915 | | Name of Employer RETIRED | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$1,000 | | |
| E. Full Name, Mailing Address and ZIP Code DONALD J HOIDA PO BOX 8047 GREEN BAY WI 54308 | | Name of Employer HOIDA LUMBER | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$250 | | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date: \$ | | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$1,500 |
| TOTAL This Period (last page this line number only) | | | | \$32,305 |

SCHEDULE A

ITEMIZED RECEIPTS

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

POLITICAL PARTY COMMITTEES

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NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|-------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code REPUBLICAN NATIONAL COMMITTEE 310 FIRST ST. SOUTHEAST WASHINGTON, DC 20003 | | Name of Employer Occupation | Date (month, day, year) 10/15/96 | Amount of Each Receipt This Period \$5,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$5,000 | | |
| A. Full Name, Mailing Address and ZIP Code PEOPLE FOR BEN BRANCEL PORTAGE, WI 53901 | | Name of Employer Occupation | Date (month, day, year) 10/15/96 | Amount of Each Receipt This Period \$350 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| C. Full Name, Mailing Address and ZIP Code THE FREEDOM PROJECT P. O. BOX 507 WEST CHESTER, OH 45071 | | Name of Employer Occupation | Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| D. Full Name, Mailing Address and ZIP Code FRIENDS OF AL OTT 216 W. SCHOOL ST. CHILTON, WI 53014 | | Name of Employer Occupation | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| E. Full Name, Mailing Address and ZIP Code DOOR COUNTY REPUBLICAN PARTY P. O. BOX 94 STURGEON BAY, WI 54235-0094 | | Name of Employer Occupation | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$950 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$950 | | |
| F. Full Name, Mailing Address and ZIP Code MAJORITY LEADERS FUND P. O. BOX 995 LEWISVILLE, TX 75067 | | Name of Employer Occupation | Date (month, day, year) 10/7/96 | Amount of Each Receipt This Period \$2,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,000 | | |
| G. Full Name, Mailing Address and ZIP Code ROCK FOR STATE SENATE COMM P. O. BOX 213 GREEN BAY, WI 54305 | | Name of Employer Occupation | Date (month, day, year) 10/3/96 | Amount of Each Receipt This Period \$250 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$250 | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$10,050 |
| TOTAL This Period (last page this line number only) | | | | |

SCHEDULE A

ITEMIZED RECEIPTS

POLITICAL PARTY COMMITTEES

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

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NAME OF COMMITTEE (in Full)

DAVID PROSSER FOR CONGRESS

| | | | |
|--|------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code DOBYNS FOR ASSEMBLY 350 AMORY ST. FOND DU LAC, WI 54935-2449 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/3/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$500 |
| A. Full Name, Mailing Address and ZIP Code FEDERAL GENERAL CAMPAIGN FUND FOR CITIZENS FOR TOM PETRI P. O. BOX 270 FOND DU LAC, WI 54936-0270 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/3/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$1,000 |
| C. Full Name, Mailing Address and ZIP Code GREEN LAKE CTY REPUBLICAN ORGANIZATION GREEN LAKE, WI 54941 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/3/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$100 |
| D. Full Name, Mailing Address and ZIP Code NEENAH-MENASHA REPUBLICAN CLUB CAROL DRESSER TREAS. MENASHA WI 54952 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/12/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$100 |
| E. Full Name, Mailing Address and ZIP Code FOREST CTY REPUBLICAN PARTY CRANDON WI 54520 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/3/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$200 |
| F. Full Name, Mailing Address and ZIP Code FRIENDS & NEIGHBORS OF JOHN GARD P. O. BOX 119 PESHTIGO, WI 54157 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/12/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$50 |
| G. Full Name, Mailing Address and ZIP Code GREEN FOR BETTER GOVERNMENT ROOM 143 W. STATE CAPITAL P. O. BOX 8952 MADISON, WI 53708 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | 10/3/96 | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | \$300 |

SUBTOTAL of Receipts This Page (optional)

\$2,250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

POLITICAL PARTY COMMITTEES

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NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | | |
|---|--|------------------------------------|-------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code MAJORITY LEADERS FUND P. O. BOX 995 LEWISVILLE, TX 75067 | | Name of Employer Occupation | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$3,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$5,000 | | |
| A. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN SENATORIAL COMMITTEE 425 SECOND ST. NE WASHINGTON, DC 20002-4967 | | Name of Employer Occupation | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$5,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$5,000 | | |
| C. Full Name, Mailing Address and ZIP Code FRIENDS FOR FARROW COMMITTEE 14905 WATERTOWN PLANK RD. ELM GROVE, WI 53122 | | Name of Employer Occupation | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$300 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$300 | | |
| D. Full Name, Mailing Address and ZIP Code KELSO FOR ASSEMBLY 416 E. LE CAPITAINE CIR. GREEN BAY, WI 54302 | | Name of Employer Occupation | Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$100 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$100 | | |
| E. Full Name, Mailing Address and ZIP Code | | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer Occupation | Date (month, day, year) | Amount of Each Receipt This Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date | | |

SUBTOTAL of Receipts This Page (optional)

\$8,400

TOTAL This Period (last page this line number only)

\$20,700

OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|----------------------------|--------------------------------|------------------------------------|
| BUILD PAC OF THE NATIONAL ASSOC. OF HOME BUILDERS 1201 15 TH STREET NW WASHINGTON, DC 20005-2800 | _____ Occupation: _____ | 10/3/96 | \$4,000 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$9,000 | |
| MMPAC P. O. BOX 1101 MARINETTE, WI 54143-1101 | _____ Occupation: _____ | 10/3/96 | \$1,000 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$2,000 | |
| MILLER BREWING COMPANY FEDERAL COMMITTEE 3939 W. HIGHLAND BLVD. MILWAUKEE, WI 53201-0482 | _____ Occupation: _____ | 10/3/96 | \$1,000 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$1,000 | |
| AMOCO PAC 200 EAST RANDOLPH DRIVE MAIL CODE 3704B CHICAGO, IL 60601 | _____ Occupation: _____ | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$500 | |
| A. O. SMITH PAC P. O. BOX 584 MILWAUKEE, WI 53201 | _____ Occupation: _____ | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$500 | |
| MANOR HEALTHCARE CORP. FED PAC 10750 COLUMBIA PIKE SILVER SPRING, MD 20901 | _____ Occupation: _____ | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$500 | |
| NORTHWEST AIRLINES PAC 5101 NORTHWEST DRIVE ST. PAUL, MN 55111-3034 | _____ Occupation: _____ | 10/7/96 | \$500 |
| Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | Aggregate Year-to-Date \$500 | |

SUBTOTAL of Receipts This Page (optional) \$8,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets (up to 4) for each category of the Detailed Summary Page

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OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

DAVID PROSSER FOR CONGRESS

| | | | |
|--|---|--|---|
| <p>A. Full Name, Mailing Address and ZIP Code DEERE & CO. CIVIC ACTION FUND JOHN DEERE ROAD MOLINE, IL 61265</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/12/96</p> | <p>Amount of Each Receipt This Period \$500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$500</p> | |
| <p>B. Full Name, Mailing Address and ZIP Code ARTHUR ANDERSEN PAC 1666 K STREET NW WASHINGTON, DC 20006</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/7/96</p> | <p>Amount of Each Receipt This Period \$500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$500</p> | |
| <p>C. Full Name, Mailing Address and ZIP Code TRSA OF AMERICA PAC 1130 E. BEACH BLVD., STE.B P. O. BOX 1283 HALLENDALE, FL 33009</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/3/96</p> | <p>Amount of Each Receipt This Period \$500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$500</p> | |
| <p>D. Full Name, Mailing Address and ZIP Code EMPLOYERS HEALTH FEDERAL (E-PAC) PAC GREEN BAY, WI 54344</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/7/96</p> | <p>Amount of Each Receipt This Period \$4,000</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$8,000</p> | |
| <p>E. Full Name, Mailing Address and ZIP Code AICPA LEGISLATION COMMITTEE BANKERS TRUST CO. 280 PARK AVE. NEW YORK, NY 10017</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/15/96</p> | <p>Amount of Each Receipt This Period \$2,500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$3,500</p> | |
| <p>F. Full Name, Mailing Address and ZIP Code AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS 950 N. WASHINGTON ST. ALEXANDRIA, VA 22314</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/15/96</p> | <p>Amount of Each Receipt This Period \$500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$1,000</p> | |
| <p>G. Full Name, Mailing Address and ZIP Code GEICO PAC 1 GEICO PLAZA WASHINGTON, DC 20076</p> | <p>Name of Employer Occupation</p> | <p>Date (month day, year) 10/15/96</p> | <p>Amount of Each Receipt This Period \$500</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> | | <p>Aggregate Year-to-Date \$500</p> | |

SUBTOTAL of Receipts This Page (optional)

\$9,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

| | | |
|---|------|----|
| Use reports scheduled in (e) for each category of the Detailed Summary Page | PAGE | OF |
| | 3 | 4 |
| FOR LINE NUMBER | | |
| 11(c) | | |

OTHER POLITICAL COMMITTEES

Any information copied from such Reports and Statements may not be sold or used by any other 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 for such committee.

NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| | | | | |
|--|--|------------------------------------|------------------------------------|---|
| A. Full Name, Mailing Address and ZIP Code AMPAC P. O. BOX 6114 WESTERVILLE, OH 43081-6114 | | Name of Employer Occupation | Date (month day, year) 10/15/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| B. Full Name, Mailing Address and ZIP Code OTHPAC 1101 VERMONT AVE. NW, STE. 700 WASHINGTON, DC 20005-3570 | | Name of Employer Occupation | Date (month day, year) 10/15/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | | |
| C. Full Name, Mailing Address and ZIP Code NAT'L BEER WHOLESALERS ASSOC. PAC 1100 S. WASHINGTON ST. ALEXANDRIA, VA 22314-4494 | | Name of Employer Occupation | Date (month day, year) 10/15/96 | Amount of Each Receipt This Period \$5,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$5,000 | | |
| D. Full Name, Mailing Address and ZIP Code RHONE POULENC ROR PAC P. O. BOX 1200 COLLEGEVILLE, PA 19426 | | Name of Employer Occupation | Date (month day, year) 10/15/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| E. Full Name, Mailing Address and ZIP Code GTE PAC WASHINGTON, DC | | Name of Employer Occupation | Date (month day, year) 10/15/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,500 | | |
| F. Full Name, Mailing Address and ZIP Code PEPSI COLA GENERAL BOTTLERS PAC 3501 ALGONQUIN RD. ROLLING MEADOWS, IL 60008 | | Name of Employer Occupation | Date (month day, year) 10/12/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,500 | | |
| G. Full Name, Mailing Address and ZIP Code CAMPAIGN FUND OF FIRST FINANCIAL PAC 1305 MAIN ST. STEVENS POINT, WI 54481 | | Name of Employer Occupation | Date (month day, year) 10/12/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | | |
| SUBTOTAL of Receipts This Page (optional) | | | | \$9,000 |
| TOTAL This Period (last page this line number only) | | | | |

OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| | | | |
|--|--|---|---|
| A. Full Name, Mailing Address and ZIP Code AMERICAN COLLECTORS ASSOC. ACPAC 4040 W. 70 TH ST. MINNEAPOLIS, MN 55435 | | Name of Employer Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| B. Full Name, Mailing Address and ZIP Code LIFE INSURANCE PAC C/O CRESTAR BANK NA WASHINGTON DC | | Name of Employer Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$1,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,000 | |
| C. Full Name, Mailing Address and ZIP Code NATIONAL CABLE TELEVISION PAC 1724 MASSACHUSETTS AVE. NW WASHINGTON, DC 20036 | | Name of Employer Date (month, day, year) 10/12/96 | Amount of Each Receipt This Period \$2,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$2,000 | |
| D. Full Name, Mailing Address and ZIP Code RPAC 430 N.MICHIGAN AVE. CHICAGO, IL 60611 | | Name of Employer Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$5,000 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$5,000 | |
| E. Full Name, Mailing Address and ZIP Code AMERICAN CONSULTING ENGINEERS PAC 1015 15 TH ST. NW, SUITE 802 WASHINGTON, DC 20005 | | Name of Employer Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| F. Full Name, Mailing Address and ZIP Code CAMPAIGN FUND OF WFL HOLDINGS INC. PAC P. O. BOX 192 MADISON, WI 53701-0192 | | Name of Employer Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$1,150 | |
| G. Full Name, Mailing Address and ZIP Code DELOITT & TOUCHE, LLP PAC P. O. BOX 365 WASHINGTON, DC 20044-0365 | | Name of Employer Date (month, day, year) 10/16/96 | Amount of Each Receipt This Period \$500 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date \$500 | |
| SUBTOTAL of Receipts This Page (optional) | | | \$10,000 |
| TOTAL This Period (last page this line number only) | | | \$36,000 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE

1

OF

3

OPERATING EXPENDITURES

FOR LINE NUMBER

17

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| AMERITECH PO BOX 84000 COLUMBUS OH 43284 | PHONE SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$1,681.18 |
| AMERITECH PO BOX 84000 COLUMBUS OH 43284 | PHONE SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$8.79 |
| AMERITECH PO BOX 84000 COLUMBUS OH 43284 | PHONE SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$65.80 |
| US POST OFFICE APPLETON WI 54911 | POSTAGE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/8/96 | \$320.00 |
| ORDE ADVERTISING 1825 NIMITZ DRIVE DE PERE WI 54115 | BILLBOARD ADVERTISING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/8/96 | \$2,168.35 |
| KOLOSSO LEASING 3000 W WISCONSIN AVENUE APPLETON WI 54914 | VAN RENT Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$210.00 |
| WISCONSIN ELECTRIC PO BOX 2962 MILWAUKEE WI 53201 | UTILITIES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$87.84 |
| WISCONSIN ELECTRIC PO BOX 2962 MILWAUKEE WI 53201 | UTILITIES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$10.68 |
| FRONTIER COMMUNICATION SERVICE LOCATION 12736 CINCINNATI OH 45274 | PHONE SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$678.24 |

| | |
|--|-------------------|
| SUBTOTAL of Disbursements This Page (optional) | \$5,230.88 |
| Total This Period (last page this line number only) | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

| | |
|-----------------|----|
| PAGE | OP |
| 2 | 3 |
| FOR LINE NUMBER | |
| 17 | |

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| OCEANIC MULTI-MEDIA, INC 207 N RICHMOND APPLETON WI 54911 | COPYING SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$202.39 |
| PATRICK FERRON 1577 MORROW STREET GREEN BAY WI 54341 | PHOTOGRAPHY Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$315.00 |
| TECHNIWARE CO 8909 PENSKE ROAD PARDESVILLE WI 53954 | SIGN WIRES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$316.50 |
| MATTREX GROUP 124 W WISCONSIN AVENUE NEENAH WI 54956 | AD DESIGN Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$120.00 |
| INSTY PRINTS 100 S MEMORIAL DRIVE APPLETON WI 54911 | PRINTING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$387.56 |
| MMI EXECUTIVE PRODUCTS 7322 WESTBOURN STREET MADISON WI 53719 | LABELS Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$288.01 |
| PAPER VALLEY HOTEL PO BOX 8000 APPLETON WI 54913 | BANQUET ROOM Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$96.85 |
| KRISTINE SPENGLER 933 E PACIFIC STREET APPLETON WI 54911 | WAGES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/16/96 | \$759.67 |
| DIANE HERNER 200 E GLENDALE AVENUE APPLETON WI 54911 | WAGES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/16/96 | \$542.62 |

SUBTOTAL OF Disbursements This Page (optional)

\$3,028.60

Total This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)
DAVID PROSSER FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement this Period |
|---|---|-------------------------|---|
| CELLULAR ONE 2740 W COLLEGE AVENUE APPLETON WI 54914 | PHONE SERVICE Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/3/96 | \$930.96 |
| OFFICE DEPOT 2707 W COLLEGE AVENUE APPLETON WI 54914 | OFFICE SUPPLIES Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/3/96 | \$53.33 |
| GOODMAN GROUP 1220 HILLSHIRE ROAD BALTIMORE MD 21222 | ADVERTISING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/1/96 | \$10,000.00 |
| GOODMAN GROUP 1220 HILLSHIRE ROAD BALTIMORE MD 21222 | ADVERTISING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/7/96 | \$27,810.00 |
| GOODMAN GROUP 1220 HILLSHIRE ROAD BALTIMORE MD 21222 | ADVERTISING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$22,000.00 |
| HOLIDAY INN WASHINGTON, DC | HOTEL ROOM Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$293.04 |
| CAROLINE MACHADA 4629A MACARTHUR BLVD. NW WASHINGTON, DC 20007 | CONSULTING Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/15/96 | \$3,094.31 |
| (Empty row) | (Empty row) | (Empty row) | (Empty row) |
| (Empty row) | (Empty row) | (Empty row) | (Empty row) |

SUBTOTAL of Disbursements This Page (optional)

\$64,181.64

Total This Period (last page this line number only)

\$72,441.12

LOANS

| | | | |
|---|--|--|--|
| Name of Committee (in Full) David Prosser for Congress | | | |
| A. Full Name, Mailing Address and ZIP Code of Loan Source David Prosser Jr. 2904 N. Meade St. Appleton, WI 54911 | Original Amount of Loan 3,000.00 | Cumulative Payment To Date -0- | Balance Outstanding at Close of This Period 3,000.00 |
| Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Term: Date Incurred <u>9/3/96</u> Date Due <u>None</u> Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item A | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| B. Full Name, Mailing Address and ZIP Code of Loan Source | | | |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Term: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured | | | |
| List All Endorsers or Guarantors (if any) to Item B | | | |
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: \$ | | |
| SUBTOTALS This Period This Page (optional) | | | 3,000.00 |
| TOTALS This Period (last page in this line only) | | | 3,000.00 |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

10-21-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JF

10-28-96

PREPARER

DATE PREPARED