

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Citizens for Tom Petri

ADDRESS (number and street) P.O. Box 270

Check if different than previously reported. (ACC)

Fond du Lac WI 54936

2. **FEC IDENTIFICATION NUMBER** C00107003

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

WI 6

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 [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2006 through 06 30 2006

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 Electronically Filed by Louis Andrew, Jr. Date 10 11 2006

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

Office Use Only										<b>FEC FORM 3</b> (Revised 02/2003)
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Tom Petri

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	59696.00	386257.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59696.00	382657.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	53338.61	297652.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3477.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53338.61	294174.99
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>978885.01</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Citizens for Tom Petri

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

21010.00

93360.00

(ii) Unitemized.....

7936.00

32401.00

(iii) TOTAL of contributions

28946.00

125761.00

from individuals..... ▶

0.00

196.00

(b) Political Party Committees.....

30750.00

260300.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

59696.00

386257.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

3477.49

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

5318.56

35044.98

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

65014.56

424779.47

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	53338.61	297652.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3600.00
21. OTHER DISBURSEMENTS.....	3200.00	147200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	56538.61	448452.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	970409.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65014.56
25. SUBTOTAL (add Line 23 and Line 24).....	1035423.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56538.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	978885.01

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Tom Petri		<b>Candidate ID Number</b> H0W106061
<b>Name of Principal Campaign Committee</b> Citizens for Tom Petri		<b>Committee ID Number</b> C C00107003
<b>Committee Address</b> P.O. Box 270		
<b>City</b> Fond du Lac	<b>State</b> WI	<b>ZIP</b> 54936-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	405836.31	18943.16
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	405836.31	18943.16

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 4040 W 70th St

City State Zip Code  
Minneapolis MN 55435-4104

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35866

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMO Voluntary Political Action Fund

Mailing Address 490 Lenfant Plz SW Ste 7204

City State Zip Code  
Washington DC 20024-2107

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35661

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT & T PAC

Mailing Address 32 Avenue Of The Americas

City State Zip Code  
New York NY 10013-2473

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35665

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 15 Riverside Pkwy Ste 100

City State Zip Code  
Fredericksburg VA 22406-1077

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35664

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 101 Constitution Ave NW

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35702

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1125 17th St NW

City State Zip Code  
Washington DC 20036-4707

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35703

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A.</b> Holcim (US) Inc. Pac Mailing Address 6211 N Ann Arbor Rd City State Zip Code Dundee MI 48131-9527 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2006 <b>Transaction ID:</b> 60714.C35666 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> IRL Pac Mailing Address PO Box 10460 City State Zip Code Burke VA 22009-0460 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006 <b>Transaction ID:</b> 60714.C35881 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Laborers Political League Mailing Address 905 16th St NW City State Zip Code Washington DC 20006-1713 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006 <b>Transaction ID:</b> 60714.C35704 Amount of Each Receipt this Period 3000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Manufactured Housing Institute PAC

Mailing Address 2101 Wilson Blvd Ste 610  
Suite 610

City Arlington State VA Zip Code 22201-3040

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35705

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042-1260

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35753

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8 Herbert St

City Alexandria State VA Zip Code 22305-2628

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35868

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 1100 King St Ste 600  
David K. Rehr, Treasurer

City Alexandria State VA Zip Code 22314-2925

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

**Transaction ID:** 60714.C35667

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Tank Truck Carriers PAC

Mailing Address 2200 Mill Rd

City Alexandria State VA Zip Code 22314-4654

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

**Transaction ID:** 60714.C35668

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1199 N Fairfax St Ste 801

City Alexandria State VA Zip Code 22314-1437

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

**Transaction ID:** 60714.C35880

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Rd

City State Zip Code  
Fairfax VA 22030-7400

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

**Transaction ID:** 60714.C35688

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 391

City State Zip Code  
Ashland KY 41114-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

**Transaction ID:** 60714.C35663

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Preston Gates Ellis & Rouvelas Meeds LLP

Mailing Address PAC  
1735 New York Avenue, NW Ste. 500

City State Zip Code  
Washington DC 20006-4759

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

**Transaction ID:** 60714.C35690

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

<b>A.</b> Full Name (Last, First, Middle Initial) Rockpac Mailing Address 1605 King St City Alexandria State VA Zip Code 22314-2726 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35689 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00																					
3000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Scott McCallum for Governor Mailing Address PO Box 2345 City Madison State WI Zip Code 53701-2345 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35814 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Taxicab Limo & Paratransit Assoc. pac Mailing Address 3849 Farragut Ave City Kensington State MD Zip Code 20895-2004 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35691 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	6														
2000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table>		5000.00																					
5000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 76
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Transport Workers Union PCC

Mailing Address 10 G St NE

City State Zip Code  
Washington DC 20002-4213

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	6

Transaction ID: 60714.C35692

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
John (Tripp) and Col Ahern

Mailing Address PO Box 1316

City State Zip Code  
Fond du Lac WI 54936-1316

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

Name of Employer Occupation  
J.F. Ahern Co. President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** 60714.C35723

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address N7455 Niagara Ln

City State Zip Code  
Fond Du Lac WI 54935-8859

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

Name of Employer Occupation  
Service Motors Ford Auto Dealer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** 60714.C35724

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 387 Willow Dr

City State Zip Code  
Fond du Lac WI 54935-1924

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

Name of Employer Occupation  
self Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

**Transaction ID:** 60714.C35634

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bert Baumgartner

Mailing Address 387 Willow Dr

City State Zip Code  
Fond du Lac WI 54935-1924

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

Name of Employer self Occupation Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 60714.C35791

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5721 Sherwood Dr

City State Zip Code  
Sheboygan WI 53081-8884

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

Name of Employer Transpo Mini Storage Occupation Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 60714.C35775

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address N7811 Ledgeview Springs Dr

City State Zip Code  
Fond Du Lac WI 54935-9581

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

Name of Employer VPI, LLC Occupation CFO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 60714.C35727

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address N4985 6th Dr

City State Zip Code  
Westfield WI 53964-8200

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

Name of Employer Occupation  
Brakebush Brothers, Vice-President Sales

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35835

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address W7266 Fern Rd

City State Zip Code  
Oxford WI 53952-8968

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

Name of Employer Occupation  
Brakebush Brothers Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35728

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address N3069 State Hwy 49

City State Zip Code  
Waupun WI 53963

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

Name of Employer Occupation  
self Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35852

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address N8621 Seward Dr

City State Zip Code  
Berlin WI 54923-9493

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

Name of Employer Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

**Transaction ID:** 60714.C35711

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4756 Island View Dr

City State Zip Code  
Oshkosh WI 54901-1305

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

Name of Employer Occupation  
Light Time, LLC President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 60714.C35836

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address W2728 Oakwood Beach Rd

City State Zip Code  
Markesan WI 53946-8904

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

Name of Employer Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 120.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

**Transaction ID:** 60714.C35729

Amount of Each Receipt this Period  
120.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
R.G. Chamberlain

Mailing Address W2728 Oakwood Beach Rd

City Markesan State WI Zip Code 53946-8904

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 320.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 60714.C35797

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bruce & Nancy Chudacoff

Mailing Address 43 N Crestway Ct

City Appleton State WI Zip Code 54913-9510

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

Name of Employer Chudacoff & Liebzeit LLD Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
06 / 02 / 2006

Transaction ID: 60714.C35636

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert and Ronna Cline

Mailing Address 2302 N. 6th Street

City Sheboygan State WI Zip Code 53081

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

Name of Employer Sheboygan Clinic Occupation Oral Surgeon

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35781

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 1097 - 2B Wood Lake Rd.

City State Zip Code  
Kohler WI 53044

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35782

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 235 Karin Cir

City State Zip Code  
Plymouth WI 53073-2354

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35730

Amount of Each Receipt this Period  
120.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 235 Karin Cir

City State Zip Code  
Plymouth WI 53073-2354

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35783

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **270.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 9571 Lagersfield Cir

City Vienna State VA Zip Code 22181-6182

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

Name of Employer self Occupation Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35698

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1735 New York Ave NW Suite 500

City Washington State DC Zip Code 20006-5215

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

Name of Employer Preston, Gates, Ellis Occupation Counsel

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35652

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dave and Sandy De Rosier

Mailing Address 18200 Horse Rd

City Mishicot State WI Zip Code 54228-9722

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

Name of Employer WI Nationwide Trans., INC Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35712

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 12900 W North Ave

City State Zip Code  
Brookfield WI 53005-5217

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

Name of Employer American Transmission Co LLC  
Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35653

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3603 Oval Dr

City State Zip Code  
Alexandria VA 22305-1148

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

Name of Employer Williams & Jensen  
Occupation Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35655

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 6306 Hunting Ridge Ln

City State Zip Code  
Mc Lean VA 22101-4151

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

Name of Employer Edington & Peel  
Occupation Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35654

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address N7928 Brookhaven Beach Rd

City State Zip Code  
Fond Du Lac WI 54935-9509

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35696

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 121 W Breed St

City State Zip Code  
Chilton WI 53014-1006

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35733

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address N5319 Deneveu Ln

City State Zip Code  
Fond du Lac WI 54935-9669

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

Name of Employer Wright Box Co. Occupation Chairmen of Board

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35838

Amount of Each Receipt this Period  
60.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 4610 Stonewood Dr

City Oshkosh State WI Zip Code 54902-7400

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

Name of Employer Congressman Petri Occupation Employee Fed. Gov.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35641

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1515 Ridge Rd

City Sheboygan State WI Zip Code 53083-2210

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

Name of Employer J.L. French Corp. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35785

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 744 S Park Ave

City Neenah State WI Zip Code 54956-3448

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

Name of Employer Galloway Co. Inc. Occupation Vice-President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35642

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Louis P. & Michelle Gentine

Mailing Address 226 S Turtle Bay

City State Zip Code  
Elkhart Lake WI 53020-0747

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

Name of Employer Sargento Cheese Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35788

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 209 N Park Ave

City State Zip Code  
Neenah WI 54956-2957

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

Name of Employer Homemaker Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35718

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10505 Pot Spring Rd

City State Zip Code  
Cockeysville MD 21030-3029

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

Name of Employer Graham Webb Academy Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35656

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 2920 Superior Ave

City State Zip Code  
Sheboygan WI 53081-1944

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

Name of Employer Sheboygan Orthopaedics As-sc  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35789

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 684  
900 Grassy Lane

City State Zip Code  
Elkhart Lake WI 53020-0684

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

Name of Employer Lakeland College  
Occupation College Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35754

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 901 S Adams Ave

City State Zip Code  
Marshfield WI 54449-3532

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

Name of Employer Trierweiler Construction & Sup  
Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35699

Amount of Each Receipt this Period  
650.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Mary Lyn Hammer

Mailing Address 5240 E Calle Ventura

City State Zip Code  
Phoenix AZ 85018-4406

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

Name of Employer Occupation  
Champion College Solutions President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35657

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brian J. Hammes

Mailing Address N8092 Rolling Hills Dr

City State Zip Code  
Fond Du Lac WI 54935-9544

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

Name of Employer Occupation  
Eyecare Center Optometrist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35853

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2309 - A 18TH DR

City State Zip Code  
Friendship WI 53934

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

Name of Employer Occupation  
Adams-Columbia Electric General Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35734

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 3218 Tribbett Rd

City Leland State MS Zip Code 38756-9415

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

Name of Employer Delta Council Occupation Director of Development

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
06 / 02 / 2006

Transaction ID: 60714.C35658

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1120 Winchester Ave

City Fond Du Lac State WI Zip Code 54935-6340

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

Name of Employer Mercury Marine Occupation Chief of Staff

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35736

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 633 Ledgeview Blvd

City Fond Du Lac State WI Zip Code 54935-3726

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35737

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Peter Humleker

Mailing Address 633 Ledgeview Blvd

City State Zip Code  
Fond Du Lac WI 54935-3726

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35841

Amount of Each Receipt this Period  
900.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jim Janes

Mailing Address 5866 South Harbour

City State Zip Code  
Oshkosh WI 54904

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

Name of Employer Occupation  
Oshkosh Marine Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35646

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David & Gudrun Kenyon

Mailing Address PO Box 205  
78 E Waupun St

City State Zip Code  
Oakfield WI 53065-0205

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35854

Amount of Each Receipt this Period  
120.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1270.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 816 Polo Pl

City State Zip Code  
Great Falls VA 22066-2411

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

Name of Employer Occupation  
Kessler & Associates Executive Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35793

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 1514

City State Zip Code  
Fond du Lac WI 54936-1514

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

Name of Employer Occupation  
Retired Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35883

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 1514

City State Zip Code  
Fond du Lac WI 54936-1514

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

Name of Employer Occupation  
Retired Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
520.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35843

Amount of Each Receipt this Period  
120.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1320.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
John & Barbara Lent

Mailing Address PO Box 222  
W4341 Golf Course Drive

City State Zip Code  
Fond Du Lac WI 54936-0222

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

Name of Employer Occupation  
Aurora Medical Group Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35739

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2919 Waldwic Ln

City State Zip Code  
Oshkosh WI 54904-8431

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

Name of Employer Occupation  
Service Oil Co. Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35669

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2015 Menominee Dr

City State Zip Code  
Oshkosh WI 54901-2527

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

Name of Employer Occupation  
Anesthesia Services of Fox Val Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35670

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 31 / 76</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

<b>A.</b> Full Name (Last, First, Middle Initial) John Leschke Mailing Address 2015 Menominee Dr City State Zip Code Oshkosh WI 54901-2527 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35829 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>100.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	6		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	6														
	100.00																						
Name of Employer Occupation Anesthesia Services of Fox Val Physician Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>300.00</td> </tr> </table>		300.00																				
	300.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) R.H. Leverenz Mailing Address PO Box 1247 City State Zip Code Sheboygan WI 53082-1247 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35764 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>100.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	6		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	6														
	100.00																						
Name of Employer Occupation Retired	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>350.00</td> </tr> </table>		350.00																				
	350.00																						
Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Ludovic Mailing Address 739 Meadowbrook Ct City State Zip Code Fond Du Lac WI 54935-2908 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35803 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	6		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	6														
	250.00																						
Name of Employer Occupation Fox Valley Savings President Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>		250.00																				
	250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td><b>450.00</b></td> </tr> </table>		<b>450.00</b>
	<b>450.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

<b>A.</b> Full Name (Last, First, Middle Initial) Clifford Mashuda Mailing Address PO Box 16 City Princeton State WI Zip Code 54968-0016 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> 60714.C35820 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mashuda Construction Occupation Highway Contractor V.P. Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Stephen Massick Mailing Address 852 Mullen Dr City Fond Du Lac State WI Zip Code 54935-6436 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 60714.C35740 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Fond du Lac Clinic Occupation Physician Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Bill Mauthe Mailing Address 101 Camelot Dr City Fond du Lac State WI Zip Code 54935-8048 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 60714.C35741 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Dentist Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 525 Pennsylvania Ave Unit 201

City State Zip Code  
Sheboygan WI 53081-4666

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

Name of Employer Occupation  
Kohler General Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35767

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2627 Lakeshore Dr

City State Zip Code  
Sheboygan WI 53081-6351

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

Name of Employer Occupation  
Rohde Doles Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

275.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35768

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 156 Cottage Ave

City State Zip Code  
Fond du Lac WI 54935-3628

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

Name of Employer Occupation  
Northeast Asphalt Contractor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

220.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35855

Amount of Each Receipt this Period  
120.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
J. Roger Miller

Mailing Address 4933 Evergreen Dr

City State Zip Code  
Sheboygan WI 53081

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35769

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1300 S Lyndale Drive

City State Zip Code  
Appleton WI 54914

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

Name of Employer Fleet Wholesale Supply Inc. Occupation Co-President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35674

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1300 S Lyndale Drive

City State Zip Code  
Appleton WI 54914

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

Name of Employer Fleet Wholesale Supply Inc. Occupation Co-President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

700.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35926

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 205 Lake Rd

City Leland State MS Zip Code 38756-9666

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

Name of Employer Extension Service Occupation Executive Assistant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35659

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Barbara Nelesen-Knauf

Mailing Address 209 Huron Ave

City Sheboygan State WI Zip Code 53081-3549

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

Name of Employer Lakeland College Occupation Director of Giving

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35591

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1433 Ontario Ave

City Sheboygan State WI Zip Code 53081-3843

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

Name of Employer Retired Occupation 6th District Chair

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35857

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 14537 Squire Ln

City State Zip Code  
Kiel WI 53042-3766

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

Name of Employer Occupation  
Schenck & Assoc. Accountant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35592

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address W4823 County FF

City State Zip Code  
Elkhart Lake WI 53020

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

Name of Employer Occupation  
Aero-Metric, Inc. Sr. Vice Pres.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35593

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Greg & Sis Pauly

Mailing Address 1711 Circle Dr

City State Zip Code  
New Holstein WI 53061-1607

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

Name of Employer Occupation  
Retired Aluminum Foundry

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35884

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
Greg & Sis Pauly

Mailing Address 1711 Circle Dr

City State Zip Code  
New Holstein WI 53061-1607

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

Name of Employer Retired Occupation Aluminum Foundry

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35846

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Greg & Sis Pauly

Mailing Address 1711 Circle Dr

City State Zip Code  
New Holstein WI 53061-1607

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

Name of Employer Retired Occupation Aluminum Foundry

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60714.C35845

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 11

City State Zip Code  
Menasha WI 54952-0011

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

Name of Employer Menasha Corp. Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2006

Transaction ID: 60714.C35680

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 18925 Alta Vista Dr

City State Zip Code  
Brookfield WI 53045-4882

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

Name of Employer  
EAA

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35744

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
H. John & Barbara Pollei

Mailing Address 28 Country Club Ct

City State Zip Code  
Fond du Lac WI 54935-8752

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

Name of Employer  
Retired

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35831

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jon and Barbara Rex

Mailing Address 1660 Atlanta Cir

City State Zip Code  
Manitowoc WI 54220-1729

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

Name of Employer  
Rex-Clean, Inc.

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60714.C35805

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address PO Box 700185

City State Zip Code  
Oostburg WI 53070-0185

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

Name of Employer Occupation  
Richardson Industries Inc. Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35596

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wayne and Pat Sather

Mailing Address 3825 N 12th St

City State Zip Code  
Sheboygan WI 53083

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

Name of Employer Occupation  
Insurance Agent/Pres Maritime Insurance Group

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35600

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Wayne and Pat Sather

Mailing Address 3825 N 12th St

City State Zip Code  
Sheboygan WI 53083

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

Name of Employer Occupation  
Insurance Agent/Pres Maritime Insurance Group

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60714.C35630

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 1254 Main Ave

City State Zip Code  
Sheboygan WI 53083-4748

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

Name of Employer Occupation  
Rautman, Schils & Co. Inc Realtor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35602

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bernard and Maureen Schreiner

Mailing Address PO Box 1215  
90 N National Ave

City State Zip Code  
Fond Du Lac WI 54936-1215

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
06 / 28 / 2006

Transaction ID: 60714.C35821

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 434 Woodhaven Ct

City State Zip Code  
Sheboygan WI 53081-8228

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

Name of Employer Occupation  
Aero-Metric, Inc. President/CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35604

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

**A.** Full Name (Last, First, Middle Initial)  
F. Joseph Sensenbrenner

Mailing Address 114 Limekiln Dr

City Neenah State WI Zip Code 54956-4274

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C35682

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 67  
909 E. Forest Ave.

City Neenah State WI Zip Code 54957-0067

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C35683

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address N5314 Highway 45 South

City Fond du Lac State WI Zip Code 54935-8778

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

Name of Employer self Occupation Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35749

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 4200-49th St., N.W.

City Washington State DC Zip Code 20016

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

Name of Employer Interntl Business-counsel-lors Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 0 6

Transaction ID: 60714.C35660

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1001 E Crescent Dr

City Manitowoc State WI Zip Code 54220-2417

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35809

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 333 N Commercial St Ste 300

City Neenah State WI Zip Code 54956-2657

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

Name of Employer Lakeside Neurocare Ltd. Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35750

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address PO Box 400

City State Zip Code  
Baileys Harbor WI 54202-0400

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

Name of Employer Retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60714.C35686

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address W2401 County Road V

City State Zip Code  
Sheboygan Falls WI 53085-2922

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

Name of Employer Donohue & Associates Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35607

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3455 Paine Ave

City State Zip Code  
Sheboygan WI 53081-8457

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

Name of Employer Torke Coffee Roasting Co Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60714.C35693

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 8268 Heggelund Ln

City Marshfield State WI Zip Code 54449-9668

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

Name of Employer Trierweiler Construction & Sup Occupation Treasurer

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

650.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35700

Amount of Each Receipt this Period  
650.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address M316 Birch St

City Marshfield State WI Zip Code 54449-9106

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

Name of Employer Trierweiler Construction & Sup Occupation Pres.

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

650.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35701

Amount of Each Receipt this Period  
650.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4125 Lakeshore Rd

City Sheboygan State WI Zip Code 53083-2116

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

Name of Employer Retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
06 / 15 / 2006

Transaction ID: 60714.C35694

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 619 S Crescent Ave

City State Zip Code  
Park Ridge IL 60068-4115

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

Name of Employer Occupation  
North Park College College Professor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35850

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Marion & Pat Weaver

Mailing Address 2818 34th St

City State Zip Code  
Two Rivers WI 54241-1518

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

Name of Employer Occupation  
Retired Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35824

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David and Mary Weber

Mailing Address 149 Cottage Ave

City State Zip Code  
Fond Du Lac WI 54935-3627

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

Name of Employer Occupation  
Retired Physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35863

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

Mailing Address 2525 Gosling Way

City State Zip Code  
Menasha WI 54952-8828

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

Name of Employer Occupation  
Self Employed Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35864

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Patrick & Susan Zacherl

Mailing Address 20 Galloway Ct

City State Zip Code  
Fond Du Lac WI 54935-8046

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

Name of Employer Occupation  
Zacherl, Wehner, & OMalley Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

550.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60714.C35752

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	21010.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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 St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35869 Amount of Each Receipt this Period <table border="1"> <tr> <td>40.88</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	6	40.88
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		3	0		2	0	0	6														
40.88																							
Name of Employer Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>542.20</td> </tr> </table>	542.20																				
542.20																							

B. Full Name (Last, First, Middle Initial) National Exchange Bank Mailing Address 130 S Main St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35870 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.61</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	6	20.61
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		3	0		2	0	0	6														
20.61																							
Name of Employer Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>562.81</td> </tr> </table>	562.81																				
562.81																							

C. Full Name (Last, First, Middle Initial) National Exchange Bank Mailing Address 130 S Main St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35871 Amount of Each Receipt this Period <table border="1"> <tr> <td>39.44</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	6	39.44
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	6														
39.44																							
Name of Employer Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>602.25</td> </tr> </table>	602.25																				
602.25																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 76
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 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 St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35872 Amount of Each Receipt this Period <table border="1"> <tr> <td>21.32</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	6	21.32
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	6														
21.32																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>623.57</td> </tr> </table>		623.57																					
623.57																							

B. Full Name (Last, First, Middle Initial) National Exchange Bank Mailing Address 130 S Main St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35874 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.64</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6	20.64
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	6														
20.64																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>644.21</td> </tr> </table>		644.21																					
644.21																							

C. Full Name (Last, First, Middle Initial) National Exchange Bank Mailing Address 130 S Main St City State Zip Code Fond Du Lac WI 54935-4210 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60714.C35873 Amount of Each Receipt this Period <table border="1"> <tr> <td>43.17</td> </tr> </table> Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6	43.17
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	6														
43.17																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>687.38</td> </tr> </table>		687.38																					
687.38																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>85.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 49 / 76  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

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

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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
22500.82

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

Transaction ID: 60714.C35877

Amount of Each Receipt this Period  
1630.91

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
24249.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 60714.C35876

Amount of Each Receipt this Period  
1748.43

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
26002.41

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60714.C35875

Amount of Each Receipt this Period  
1753.16

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5132.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5318.56</b>

# 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)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Town &amp; Country Advertising</b>		<b>Transaction ID:</b> 60714.E3634	
Mailing Address PO Box 5104		Date of Disbursement 05 / 16 / 2006	
City Scottsdale	State AZ	Zip Code 85261-5104	Amount of Each Disbursement this Period 68.00
Purpose of Disbursement ADVERTISING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		ADVERTISING
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Town &amp; Country Advertising</b>		<b>Transaction ID:</b> 60714.E3662	
Mailing Address PO Box 5104		Date of Disbursement 06 / 15 / 2006	
City Scottsdale	State AZ	Zip Code 85261-5104	Amount of Each Disbursement this Period 68.00
Purpose of Disbursement ADVERTISING	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		ADVERTISING
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. David and June Anderson</b>		<b>Transaction ID:</b> 60714.E3674	
Mailing Address N7593 Autumnwood Trl		Date of Disbursement 06 / 28 / 2006	
City Malone	State WI	Zip Code 53049-1437	Amount of Each Disbursement this Period 1388.39
Purpose of Disbursement REIMBURSE MILEAGE & REGISTRATIONS	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼		REIMBURSE MILEAGE & REGISTRATIONS
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1524.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 76

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Morgan Meredith &amp; Associates</b>		<b>Transaction ID:</b> 60714.E3605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 2875 Towerview Road Ste. 1000		Amount of Each Disbursement this Period 4385.28
City Chantilly State VA Zip Code 22021-1652	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	FUNDRAISING EXPENSE
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>B. AT&amp;T</b>		<b>Transaction ID:</b> 60714.E3609 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address PO Box 27680		Amount of Each Disbursement this Period 256.65
City Kansas City State MO Zip Code 64180-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
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>C. AT&amp;T</b>		<b>Transaction ID:</b> 60714.E3636 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO Box 27680		Amount of Each Disbursement this Period 260.66
City Kansas City State MO Zip Code 64180-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4902.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		<b>Transaction ID:</b> 60714.E3660 <b>Date of Disbursement</b> 06 / 15 / 2006
Mailing Address PO Box 27680		Amount of Each Disbursement this Period 253.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City      State MO      Zip Code 64180-0001		
Purpose of Disbursement TELEPHONE EXPENSE	Category/Type	TELEPHONE EXPENSE
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>B. National Exchange Bank</b>		<b>Transaction ID:</b> 60714.E3679 <b>Date of Disbursement</b> 04 / 13 / 2006
Mailing Address 130 S Main St		Amount of Each Disbursement this Period 871.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fond Du Lac      State WI      Zip Code 54935-4210		
Purpose of Disbursement WITHHOLDINGS	Category/Type	WITHHOLDINGS
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>C. National Exchange Bank</b>		<b>Transaction ID:</b> 60714.E3678 <b>Date of Disbursement</b> 04 / 13 / 2006
Mailing Address 130 S Main St		Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fond Du Lac      State WI      Zip Code 54935-4210		
Purpose of Disbursement MISCELLANEOUS DEBT	Category/Type	MISCELLANEOUS DEBT
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1129.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. National Exchange Bank</b>		<b>Transaction ID:</b> 60714.E3680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 130 S Main St		Amount of Each Disbursement this Period 872.00
City State Zip Code Fond Du Lac WI 54935-4210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WITHHOLDINGS	Category/Type	WITHHOLDINGS
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>B. National Exchange Bank</b>		<b>Transaction ID:</b> 60714.E3651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 130 S Main St		Amount of Each Disbursement this Period 736.17
City State Zip Code Fond Du Lac WI 54935-4210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WITHHOLDINGS	Category/Type	WITHHOLDINGS
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>C. USBank</b>		<b>Transaction ID:</b> 60714.E3613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 55 S Main St		Amount of Each Disbursement this Period 714.00
City State Zip Code Fond Du Lac WI 54935-4230	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL & OFFICE SUPPLIES	Category/Type	TRAVEL & OFFICE SUPPLIES
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2322.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. USBank</b>		Transaction ID: 60714.E3629 Date of Disbursement MM / DD / YYYY 05 / 15 / 2006
Mailing Address 55 S Main St		Amount of Each Disbursement this Period 5495.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fond Du Lac WI 54935-4230	Purpose of Disbursement SOFTWARE & RECEPTION EXPENSE Candidate Name Category/Type	
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) ▼	SOFTWARE & RECEPTION EXPENSE

Full Name (Last, First, Middle Initial) <b>B. USBank</b>		Transaction ID: 60714.E3657 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 55 S Main St		Amount of Each Disbursement this Period 921.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fond Du Lac WI 54935-4230	Purpose of Disbursement TRAVEL EXPENSE Candidate Name Category/Type	
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) ▼	TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Salvatorian Center</b>		Transaction ID: 60714.E3653 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 1303 Milwaukee Dr		Amount of Each Disbursement this Period 2162.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code New Holstein WI 53061-1443	Purpose of Disbursement PRINTING EXPENSE Candidate Name Category/Type	
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) ▼	PRINTING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8579.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Sheboygan Yacht Club</b>		<b>Transaction ID:</b> 60714.E3642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 214 Pennsylvania Ave		Amount of Each Disbursement this Period 754.40
City Sheboygan State WI Zip Code 53081-4636	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSE	Candidate Name	FUNDRAISING EXPENSE
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>B. AllTel</b>		<b>Transaction ID:</b> 60714.E3606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 353 S Pioneer Rd		Amount of Each Disbursement this Period 49.70
City Fond Du Lac State WI Zip Code 54935-9183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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>C. AllTel</b>		<b>Transaction ID:</b> 60714.E3632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 353 S Pioneer Rd		Amount of Each Disbursement this Period 49.70
City Fond Du Lac State WI Zip Code 54935-9183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>853.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. AllTel</b>		<b>Transaction ID:</b> 60714.E3658 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 353 S Pioneer Rd		Amount of Each Disbursement this Period 49.70
City State Zip Code Fond Du Lac WI 54935-9183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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>B. Avaya Communications</b>		<b>Transaction ID:</b> 60714.E3654 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 14400 Hertz Quail Springs Pkwy		Amount of Each Disbursement this Period 92.68
City State Zip Code Oklahoma City OK 73134-2615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
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>C. Charter Communications</b>		<b>Transaction ID:</b> 60714.E3607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 5720 Bandel Rd NW		Amount of Each Disbursement this Period 52.49
City State Zip Code Rochester MN 55901-2161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET	Candidate Name	INTERNET
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	194.87
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Charter Communications</b>		<b>Transaction ID:</b> 60714.E3637 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 5720 Bandel Rd NW		Amount of Each Disbursement this Period 52.49
City Rochester State MN Zip Code 55901-2161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET Candidate Name	Category/Type	INTERNET
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>B. Charter Communications</b>		<b>Transaction ID:</b> 60714.E3661 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 5720 Bandel Rd NW		Amount of Each Disbursement this Period 52.49
City Rochester State MN Zip Code 55901-2161	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET Candidate Name	Category/Type	INTERNET
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>C. Cross &amp; Oberlie</b>		<b>Transaction ID:</b> 60714.E3669 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 6
Mailing Address 916 Byrd Ave		Amount of Each Disbursement this Period 1857.45
City Neenah State WI Zip Code 54956-3913	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE Candidate Name	Category/Type	PRINTING EXPENSE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1962.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. James Fenlon</b>		<b>Transaction ID: 60714.E3643</b> Date of Disbursement 06 / 02 / 2006	
Mailing Address 2620 Forestview Court Apt 7		Amount of Each Disbursement this Period 185.64	
City Appleton State WI Zip Code 54915-	Purpose of Disbursement MILEAGE & WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>MILEAGE &amp; WAGES</b>	
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>B. James Fenlon</b>		<b>Transaction ID: 60714.E3644</b> Date of Disbursement 06 / 16 / 2006	
Mailing Address 2620 Forestview Court Apt 7		Amount of Each Disbursement this Period 225.71	
City Appleton State WI Zip Code 54915-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>WAGES</b>	
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>C. James Fenlon</b>		<b>Transaction ID: 60714.E3675</b> Date of Disbursement 06 / 29 / 2006	
Mailing Address 2620 Forestview Court Apt 7		Amount of Each Disbursement this Period 515.86	
City Appleton State WI Zip Code 54915-	Purpose of Disbursement MILEAGE & WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>MILEAGE &amp; WAGES</b>	
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	927.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. HBA of Fond du lac</b>		<b>Transaction ID:</b> 60714.E3604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 490 Rolling Meadows Drive		Amount of Each Disbursement this Period 980.00
City Fond du Lac State WI Zip Code 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name		RENT
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>B. HBA of Fond du lac</b>		<b>Transaction ID:</b> 60714.E3624 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 490 Rolling Meadows Drive		Amount of Each Disbursement this Period 980.00
City Fond du Lac State WI Zip Code 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name		RENT
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>C. HBA of Fond du lac</b>		<b>Transaction ID:</b> 60714.E3646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 490 Rolling Meadows Drive		Amount of Each Disbursement this Period 980.00
City Fond du Lac State WI Zip Code 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name		RENT
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2940.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Wi Women In Government</b>		<b>Transaction ID:</b> 60714.E3623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 6
Mailing Address PO Box 2543		Amount of Each Disbursement this Period 260.00
City Madison State WI Zip Code 53701-2543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEMINAR Candidate Name	Category/Type	SEMINAR
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>B. Ray E. Wood, Inc.</b>		<b>Transaction ID:</b> 60714.E3633 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 36-38 North Main Street		Amount of Each Disbursement this Period 63.00
City Fond du Lac State WI Zip Code 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLORAL ARRANGEMENT Candidate Name	Category/Type	FLORAL ARRANGEMENT
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>C. Neenah Holiday Inn</b>		<b>Transaction ID:</b> 60714.E3619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 123 E Wisconsin Ave		Amount of Each Disbursement this Period 675.27
City Neenah State WI Zip Code 54956-3007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RECEPTION EXPENSE Candidate Name	Category/Type	RECEPTION EXPENSE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	998.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. The Travelers</b>		<b>Transaction ID:</b> 60714.E3631 <b>Date of Disbursement</b> 05 / 15 / 2006
Mailing Address PO Box 42527		Amount of Each Disbursement this Period 549.00
City Philadelphia State PA Zip Code 19101-2527	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INSURANCE	Candidate Name	INSURANCE
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>B. The Travelers</b>		<b>Transaction ID:</b> 60714.E3666 <b>Date of Disbursement</b> 06 / 15 / 2006
Mailing Address PO Box 42527		Amount of Each Disbursement this Period 500.00
City Philadelphia State PA Zip Code 19101-2527	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INSURANCE	Candidate Name	INSURANCE
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>C. Brownboots Interactive</b>		<b>Transaction ID:</b> 60714.E3664 <b>Date of Disbursement</b> 06 / 15 / 2006
Mailing Address Main Street		Amount of Each Disbursement this Period 2415.00
City Fond du Lac State WI Zip Code 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEB DESIGN	Candidate Name	WEB DESIGN
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3464.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Corecomm</b>		<b>Transaction ID:</b> 60714.E3610 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address PO Box 790352		Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0352	Category/Type INTERNET	
Purpose of Disbursement INTERNET	Candidate Name	INTERNET
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>B. Corecomm</b>		<b>Transaction ID:</b> 60714.E3635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO Box 790352		Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0352	Category/Type INTERNET	
Purpose of Disbursement INTERNET	Candidate Name	INTERNET
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>C. Corecomm</b>		<b>Transaction ID:</b> 60714.E3659 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 790352		Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0352	Category/Type INTERNET	
Purpose of Disbursement INTERNET	Candidate Name	INTERNET
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Melissa Kok</b>		<b>Transaction ID:</b> 60714.E3602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address N6576 Canterbury Dr		Amount of Each Disbursement this Period 958.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fond Du Lac WI 54937-9166	Category/Type <input type="checkbox"/>	
Purpose of Disbursement WAGES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. Melissa Kok</b>		<b>Transaction ID:</b> 60714.E3622 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address N6576 Canterbury Dr		Amount of Each Disbursement this Period 958.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fond Du Lac WI 54937-9166	Category/Type <input type="checkbox"/>	
Purpose of Disbursement WAGES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. Melissa Kok</b>		<b>Transaction ID:</b> 60714.E3645 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address N6576 Canterbury Dr		Amount of Each Disbursement this Period 958.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fond Du Lac WI 54937-9166	Category/Type <input type="checkbox"/>	
Purpose of Disbursement WAGES	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2874.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Meyer		<b>Transaction ID:</b> 60714.E3618 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 2107 Doty St		Amount of Each Disbursement this Period 130.85	
City Oshkosh State WI Zip Code 54902-7042	Purpose of Disbursement WAGES Candidate Name Category/Type		
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) ▼ WAGES		

<b>B.</b> Full Name (Last, First, Middle Initial) Paul Meyer		<b>Transaction ID:</b> 60714.E3620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address 2107 Doty St		Amount of Each Disbursement this Period 106.20	
City Oshkosh State WI Zip Code 54902-7042	Purpose of Disbursement WAGES Candidate Name Category/Type		
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) ▼ WAGES		

<b>C.</b> Full Name (Last, First, Middle Initial) Paul Meyer		<b>Transaction ID:</b> 60714.E3638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 2107 Doty St		Amount of Each Disbursement this Period 310.42	
City Oshkosh State WI Zip Code 54902-7042	Purpose of Disbursement WAGES Candidate Name Category/Type		
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) ▼ WAGES		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	547.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

<b>A. Paul Meyer</b> Full Name (Last, First, Middle Initial) Mailing Address 2107 Doty St City Oshkosh State WI Zip Code 54902-7042 Purpose of Disbursement WAGES & MILEAGE Candidate Name 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) ▼		<b>Transaction ID: 60714.E3647</b> Date of Disbursement 06 / 05 / 2006 Amount of Each Disbursement this Period 369.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WAGES &amp; MILEAGE</b>
---	--	--

<b>B. Paul Meyer</b> Full Name (Last, First, Middle Initial) Mailing Address 2107 Doty St City Oshkosh State WI Zip Code 54902-7042 Purpose of Disbursement WAGES & MILEAGE Candidate Name 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) ▼		<b>Transaction ID: 60714.E3673</b> Date of Disbursement 06 / 27 / 2006 Amount of Each Disbursement this Period 445.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WAGES &amp; MILEAGE</b>
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<b>C. Mineral Springs</b> Full Name (Last, First, Middle Initial) Mailing Address 3027 Jackson St City Oshkosh State WI Zip Code 54901-1203 Purpose of Disbursement OFFICE SUPPLIES Candidate Name 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) ▼		<b>Transaction ID: 60714.E3611</b> Date of Disbursement 04 / 16 / 2006 Amount of Each Disbursement this Period 19.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>OFFICE SUPPLIES</b>
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>834.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Mineral Springs</b>		<b>Transaction ID:</b> 60714.E3630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 3027 Jackson St		Amount of Each Disbursement this Period 24.65
City Oshkosh State WI Zip Code 54901-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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>B. Mineral Springs</b>		<b>Transaction ID:</b> 60714.E3665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 3027 Jackson St		Amount of Each Disbursement this Period 34.15
City Oshkosh State WI Zip Code 54901-1203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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>C. Tonia Nebl</b>		<b>Transaction ID:</b> 60714.E3601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 826.77
City Rosendale State WI Zip Code 54974-9631	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	885.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Tonia Nebl</b>		Transaction ID: 60714.E3614 Date of Disbursement 04 / 19 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 782.88	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	WAGES	
Full Name (Last, First, Middle Initial) <b>B. Tonia Nebl</b>		Transaction ID: 60714.E3621 Date of Disbursement 05 / 02 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 810.87	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	WAGES	
Full Name (Last, First, Middle Initial) <b>C. Tonia Nebl</b>		Transaction ID: 60714.E3627 Date of Disbursement 05 / 16 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 920.45	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2514.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Tonia Nebl</b>		<b>Transaction ID: 60714.E3640</b> Date of Disbursement 05 / 29 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 840.43	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>B. Tonia Nebl</b>		<b>Transaction ID: 60714.E3650</b> Date of Disbursement 06 / 15 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 932.45	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>C. Tonia Nebl</b>		<b>Transaction ID: 60714.E3672</b> Date of Disbursement 06 / 27 / 2006	
Mailing Address 267 Willow Creek Rd		Amount of Each Disbursement this Period 852.52	
City Rosendale State WI Zip Code 54974-9631	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name 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) ▼	Category/Type WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2625.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 60714.E3603 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 99 W 2nd St		Amount of Each Disbursement this Period 780.00
City State Zip Code Fond Du Lac WI 54935-4158	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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>B. U.S. Postmaster</b>		<b>Transaction ID:</b> 60714.E3625 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 99 W 2nd St		Amount of Each Disbursement this Period 195.00
City State Zip Code Fond Du Lac WI 54935-4158	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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>C. U.S. Postmaster</b>		<b>Transaction ID:</b> 60714.E3639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 99 W 2nd St		Amount of Each Disbursement this Period 2410.82
City State Zip Code Fond Du Lac WI 54935-4158	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3385.82</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 60714.E3677 <b>Date of Disbursement</b> 06 / 05 / 2006
Mailing Address 99 W 2nd St		Amount of Each Disbursement this Period 1170.00
City Fond Du Lac State WI Zip Code 54935-4158	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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) ▼	POSTAGE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		<b>Transaction ID:</b> 61011.E3992 <b>Date of Disbursement</b> 06 / 06 / 2006
Mailing Address 99 W 2nd St		Amount of Each Disbursement this Period 1170.00
City Fond Du Lac State WI Zip Code 54935-4158	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
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) ▼	POSTAGE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Steinert Printing</b>		<b>Transaction ID:</b> 60714.E3652 <b>Date of Disbursement</b> 06 / 15 / 2006
Mailing Address 1465 S. Washington St.		Amount of Each Disbursement this Period 539.70
City Oshkosh State WI Zip Code 54904-	Purpose of Disbursement PRINTING Candidate Name Category/Type	
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) ▼	PRINTING <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2879.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Commerce Printing</b>		<b>Transaction ID:</b> 60714.E3655 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 15-19 East Third St.		Amount of Each Disbursement this Period 3785.07
City State Zip Code Fond du Lac WI 54935-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/ Type	PRINTING
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>B. WI Dept. of Revenue</b>		<b>Transaction ID:</b> 60714.E3626 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address PO Box 9391		Amount of Each Disbursement this Period 387.10
City State Zip Code Madison WI 53708-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAX	Category/ Type	TAX
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>C. WI Dept. of Revenue</b>		<b>Transaction ID:</b> 60714.E3663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 9391		Amount of Each Disbursement this Period 34.19
City State Zip Code Madison WI 53708-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAXES	Category/ Type	TAXES
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4206.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Oshkosh Rotary Club</b>		<b>Transaction ID:</b> 60714.E3608 Date of Disbursement
Mailing Address PO Box 785		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Oshkosh	State WI	Zip Code 54903-0785
Purpose of Disbursement DUES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="163.50"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>DUES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mary Schmidt</b>		<b>Transaction ID:</b> 60714.E3649 Date of Disbursement
Mailing Address 57 Woodland Ave		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2006"/>
City Fond Du Lac	State WI	Zip Code 54935-5749
Purpose of Disbursement MILEAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="106.80"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>MILEAGE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PurCo Fleet Services</b>		<b>Transaction ID:</b> 60714.E3615 Date of Disbursement
Mailing Address 136 S Main St		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Spanish Fork	State UT	Zip Code 84660-2033
Purpose of Disbursement CAR RENTAL CHARGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="392.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	<b>CAR RENTAL CHARGE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="662.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Flyway Signs</b>		Transaction ID: 60714.E3668 Date of Disbursement 06 / 19 / 2006
Mailing Address N5528 Miranda Way		Amount of Each Disbursement this Period 383.25
City Fond Du Lac State WI Zip Code 54937-9105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/ Type	PRINTING
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>B. Staples Office Superstore</b>		Transaction ID: 60714.E3612 Date of Disbursement 04 / 16 / 2006
Mailing Address 835 W Johnson St		Amount of Each Disbursement this Period 88.35
City Fond Du Lac State WI Zip Code 54935-8297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	OFFICE SUPPLIES
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>C. Staples Office Superstore</b>		Transaction ID: 60714.E3628 Date of Disbursement 05 / 15 / 2006
Mailing Address 835 W Johnson St		Amount of Each Disbursement this Period 22.09
City Fond Du Lac State WI Zip Code 54935-8297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	OFFICE SUPPLIES
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	493.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Staples Office Superstore</b>		Transaction ID: 60714.E3656 Date of Disbursement 06 / 15 / 2006
Mailing Address 835 W Johnson St		Amount of Each Disbursement this Period 14.75
City State Zip Code Fond Du Lac WI 54935-8297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	OFFICE SUPPLIES
Candidate Name		
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>B. Hoerth Storage LLC</b>		Transaction ID: 60714.E3667 Date of Disbursement 06 / 15 / 2006
Mailing Address 74 Halbach Ct		Amount of Each Disbursement this Period 455.00
City State Zip Code Fond Du Lac WI 54937-8626	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE--WHOLE YEAR	Category/ Type	STORAGE--WHOLE YEAR
Candidate Name		
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>C. Sadie Vander Velde</b>		Transaction ID: 60714.E3648 Date of Disbursement 06 / 09 / 2006
Mailing Address N8486 Pecan Ln		Amount of Each Disbursement this Period 239.73
City State Zip Code Saint Cloud WI 53079-1429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Category/ Type	WAGES
Candidate Name		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	709.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 76

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial)  
**A. Sadie Vander Velde**

Mailing Address N8486 Pecan Ln

City State Zip Code  
Saint Cloud WI 53079-1429

Purpose of Disbursement  
WAGES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E3670  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	6		2	3		2	0	0	6

Amount of Each Disbursement this Period

605.68
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

WAGES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

605.68

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

53101.46

**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)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Tom Petri

Full Name (Last, First, Middle Initial) <b>A. Friends of John Hostettler</b>		<b>Transaction ID:</b> 60714.E3616 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement DONATION		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. California Republican Party</b>		<b>Transaction ID:</b> 60714.E3641 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 1903 W Magnolia Blvd		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Burbank CA 91506-1727		Category/ Type
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3200.00</b>