

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

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07/31/2001 15 : 28

<b>1. NAME OF COMMITTEE (in full)</b> Citizens for Tom Petri		<b>2. FEC IDENTIFICATION NUMBER</b> C00107003
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported P.O. Box 270 P.O. Box 270		
<b>CITY, STATE, and ZIP CODE</b> Fond du Lac WI 54936-270		<b>3. IS THIS REPORT AN AMENDMENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>STATE / DISTRICT</b> WI /		

## 4. TYPE OF REPORT

- April 15 Quarterly Report
  Twelfth day report preceding Primary \_\_\_\_\_  
 (election type)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_.
- July 15 Quarterly Report
  Thirtieth day report following the General Election
- October 15 Quarterly Report
- January 31 Year End Report on \_\_\_\_\_ in the State of \_\_\_\_\_.
- July 31 Mid-Year Report (Non-election Year Only)
  Termination report

This report contains activity for  Primary election  General election  Runoff election  Special election

## SUMMARY

5. Covering period <u>01/01/2001</u> through <u>08/30/2001</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a)) .....	135433.97	135433.97
(b) Total Contribution Refunds (from line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	135433.97	135433.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17) .....	50676.70	50676.70
(b) Total Offsets to Operating Expenditures (from line 14) .....	5533.90	5533.90
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	45142.80	45142.80
8. Cash on Hand at Close of Reporting Period (from line 27) .....	604851.23	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer  
**Electronically Filed by Louis Andrew, Jr.**

Signature of Treasurer

Date  
 07/31/2001

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

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**FEC FORM 3**  
(revised 4/87)

**DETAILED SUMMARY PAGE**  
**of Receipts and Disbursements**  
**(Page 2, FEG Form 3)**

Name of Committee (In Full) Citizens for Tom Petri	Report Covering the Period From: 01/01/2001 To: 06/30/2001	
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-To-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees .....		
(i) Itemized (use Schedule A) .....	36180.00	
(ii) Unitemized .....	25065.97	
(iii) Total of contributions from individuals .....	61245.97	61245.97
(b) Political Party Committees .....	98.00	98.00
(c) Other Political Committees (such as PACs) .....	74090.00	74090.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	135433.97	135433.97
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 13(a) and (b)) .....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	5533.90	5533.90
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	12104.09	12104.09
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) .....	153071.96	153071.96
<b>II. DISBURSEMENTS</b>		
17. OPERATING EXPENDITURES .....	50676.70	50676.70
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 19(a) and (b)) .....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) .....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) .....	50676.70	50676.70
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	502455.97	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) .....	153071.96	
25. SUBTOTAL (add Line 23 and Line 24) .....	655527.93	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .....	50676.70	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	604851.23	

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 43</b>
			FOR LINE NUMBER <b>11A1</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> Donald C. Alexander  1333 New Hampshire Ave., N.W.  Washington DC 20036-1564  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Ahrv/Gump/Strauss/Hauer/F- eld  <b>Occupation</b> Lawyer  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> James Anderson  6016 W. Pleasant Ridge Road  Ludington MI 49431-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Lake Michigan Carfery  <b>Occupation</b> Executive Vice President  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Louis Andrew  PO Box 147  Fond Du Lac WI 54936-0147  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Andrew Law Office  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 06/05/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Helen Bechthold  P.O. Box 781  Waukesha WI 53187-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Housewife  <b>Occupation</b> Self Employed  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Carl & Judy Brakebush  N4985 6th Drive  Westfield WI 53984-9802  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Brakebush Brothers,  <b>Occupation</b> Vice-President Sales  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 100.00
<b>Full Name, Mailing Address, and ZIP Code</b> Carl & Judy Brakebush  N4985 6th Drive  Westfield WI 53984-9802  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Brakebush Brothers,  <b>Occupation</b> Vice-President Sales  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 06/15/2001	<b>Amount of Each Receipt this Period</b> 100.00
<b>Full Name, Mailing Address, and ZIP Code</b> Bill And Cindi Broydrick  210 Bark River Ct.  Delafield WI 53018-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Broydrick & Associates  <b>Occupation</b> Lobbyist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 43
			FOR LINE NUMBER <b>11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Joyce & Otto Bytof  2229 Sunrise Dr., Rt. 8  Appleton WI 54915- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Caldwell Bankers  <b>Occupation</b> Realtor  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Donald Clingan  210 N. Gaylord Avenue  Ludington MI 49431-1820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Lake Michigan Carfery  <b>Occupation</b> Vice President, Marketing  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Geoffrey Crowley  7 Brackan Court  Appleton WI 54911- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> United Express  <b>Occupation</b> Chairman/CEO  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/05/2001	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Scott Dacey  8130 Wellington Rd.  Alexandria VA 22308- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Pace Companies  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 796.35	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b> 796.35
<b>Full Name, Mailing Address, and ZIP Code</b> Scott Dacey  8130 Wellington Rd.  Alexandria VA 22308- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> The Pace Companies  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b> 203.65
<b>Full Name, Mailing Address, and ZIP Code</b> John & Nancy Deviero  9417 Byeforde Road  Kensington MD 20895- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Wunder, Diefenderfer  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> J. Edward Doyle  2458 Wayward Wind Dr.  Indianapolis IN 46239- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> RCOW Corporation  <b>Occupation</b> Civil Engineer  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 200.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

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**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> John Doyle  6049 Misty Arch Run  Columbia MD 21044- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Cassidy & Associates  <b>Occupation</b> Senior V.P.  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel Duff  1201 New York Ave., NW  Washington DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> APTA  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas & Eileen Evens  1275 Arbor Lane  Lake Forest IL 60045- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Wisconsin Central  <b>Occupation</b> Board of Directors  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 300.00
<b>Full Name, Mailing Address, and ZIP Code</b> John Ferko  1400 16th St. NW Ste. 600  Washington DC 20036-2224 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Info Requested  <b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Larry & Kathy Gentine  W5975 Pheasant Ln. P.O. Box 360 Plymouth WI 53075- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Sargento Cheese  <b>Occupation</b> President  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> James & Ruth Goetz  P.O. Box 489  Portage WI 53901- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Petro Truckstops  <b>Occupation</b> Owner  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Terry & Jo Growcock  2102 Hunters Ridge Ct.  Manitowoc WI 54220- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Manitowoc Co.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 06/15/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		6 / 43
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Terry & Jo Growcock  2102 Hunters Ridge Ct.  Manitowoc WI 54220-	<b>Name of Employer</b> Manitowoc Co.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 550.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 50.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Martin Hamberger  3601 Eisenhower Ave Ste 600  Alexandria VA 22304-6426	<b>Name of Employer</b> self  <b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Hanneman  2978 Oakwood Lane  Oshkosh WI 54904-	<b>Name of Employer</b> self  <b>Occupation</b> Dentist  <b>Aggregate Year-to-Date</b> > \$ 100.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Michael Hanneman  2978 Oakwood Lane  Oshkosh WI 54904-	<b>Name of Employer</b> self  <b>Occupation</b> Dentist  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 05/18/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> David C. Harper  P.O. Box 83  Job WI 54945-	<b>Name of Employer</b> Krause Publications  <b>Occupation</b> Journalist  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Peter Humleker  633 Ledgeview Blvd  Fond du Lac WI 54935-	<b>Name of Employer</b> Retired  <b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Carlos E. Iturragui  PO Box 2509  Washington DC 20013-	<b>Name of Employer</b> GPC International  <b>Occupation</b> Director  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>7 / 43</b>
			<b>FOR LINE NUMBER 11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> William Jacobson  3432 Branch River Rd  Manitowoc WI 54220- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Heiden, Inc.  Date (month, day, year) 03/30/2001  Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00
	Occupation President	
	Name of Employer Oshkosh Marine  Date (month, day, year) 05/29/2001  Amount of Each Receipt this Period 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jim & Cindy Janes  P.O. Box 175  Butte Des Morts WI 54927-0175 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Owner	Aggregate Year-to-Date > \$ 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> Richard & Maxine Johnson  2905 Gulf Shore Blvd. N Westgate Apt. 402 Naples FL 33940- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Date (month, day, year) 03/30/2001  Amount of Each Receipt this Period 250.00	Aggregate Year-to-Date > \$ 250.00
Occupation Retired		
<b>Full Name, Mailing Address, and ZIP Code</b> John & Ethel Keller  3003 W. Breezewood Ln  Neenah WI 54956- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Date (month, day, year) 03/30/2001  Amount of Each Receipt this Period 150.00	
Occupation Retired		
<b>Full Name, Mailing Address, and ZIP Code</b> John & Ethel Keller  3003 W. Breezewood Ln  Neenah WI 54956- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Date (month, day, year) 06/05/2001  Amount of Each Receipt this Period 100.00	Aggregate Year-to-Date > \$ 250.00
Occupation Retired		
<b>Full Name, Mailing Address, and ZIP Code</b> Michael J. Kelly  1155 N. Washington  Danville IN 46122- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Info Requested  Date (month, day, year) 04/04/2001  Amount of Each Receipt this Period 500.00	
Occupation Information Requested		
<b>Full Name, Mailing Address, and ZIP Code</b> Chester L. Krause  200 East 10th Street  Iola WI 54945- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Krause Publications  Date (month, day, year) 03/14/2001  Amount of Each Receipt this Period 500.00	Aggregate Year-to-Date > \$ 500.00
Occupation Publisher		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....		
<b>TOTALS</b> This Period (last page this line number only) .....		

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		8 / 43
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Ladd  One Massachusetts Ave., N.W., No. Washington DC 20001-	<b>Name of Employer</b> Robinson International  <b>Occupation</b> Consultant	<b>Date (month, day, year)</b> 03/15/2001	<b>Amount of Each Receipt this Period</b> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Tom & Paula Lesperance  1945 Cliffview Ct. Oshkosh WI 54901-	<b>Name of Employer</b> Alliance Laundry Systems  <b>Occupation</b> CEO	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Receipt this Period</b> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Lloyd & Pat Measch  208 W. Clark St. Wausau WI 54983-8920	<b>Name of Employer</b> Retired  <b>Occupation</b> Doctor	<b>Date (month, day, year)</b> 04/27/2001	<b>Amount of Each Receipt this Period</b> 280.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 280.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Manglitz  8871 Audubon Holland MI 49423-	<b>Name of Employer</b> Lake Michigan Carferry  <b>Occupation</b> President/CEO	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> David & Dona Mann  P.O. Box 48 Elkhorn WI 53121-	<b>Name of Employer</b> Mann Bros., Inc.  <b>Occupation</b> President	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Clifford Mashuda  P.O. Box 18 Princeton WI 54968-	<b>Name of Employer</b> Mashuda Construction  <b>Occupation</b> V.P.	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 250.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald McDaniel  8005 Woodside Lane Burr Ridge IL 60525-	<b>Name of Employer</b> Western Cullen Hayes  <b>Occupation</b> Executive	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>9 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel McNamara  811 Milestone Drive  Silver Spring MD 20904-2710 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Cassidy & Associates  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/17/2001	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Carolina Mederos  2733 O St. NW  Washington DC 20007- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Patton, Boggs, LLP  <b>Occupation</b> Exec. <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> William Miller  106 Dulany Place  Falls Church VA 22046- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> American Public Transit Assn.  <b>Occupation</b> President <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Howard & Leah Miller  156 Cottage Avenue  Fond Du Lac WI 54935-3628 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Northeast Asphalt  <b>Occupation</b> Contractor <b>Aggregate Year-to-Date</b> > \$ 150.00	<b>Date (month, day, year)</b> 06/05/2001	<b>Amount of Each Receipt this Period</b> 150.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Howard & Leah Miller  156 Cottage Avenue  Fond Du Lac WI 54935-3828 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Northeast Asphalt  <b>Occupation</b> Contractor <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Sandra & Stewart Mills  1500 Rue Reynard  Menasha WI 54952- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Fleet Wholesale Supply  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Clifford & Sally Mishler  100 Island Drive P.O. Box 316  Iola WI 54945- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Krause Publications  <b>Occupation</b> President <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 06/15/2001	<b>Amount of Each Receipt this Period</b> 250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>10 / 43</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> George P. Mueller  1050 Eden Drive  Neenah WI 54956-	<b>Name of Employer</b> Wis. Tissue Mills  <b>Occupation</b> Retired	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 100.00			
<b>Full Name, Mailing Address, and ZIP Code</b> George P. Mueller  1050 Eden Drive  Neenah WI 54956-	<b>Name of Employer</b> Wis. Tissue Mills  <b>Occupation</b> Retired	<b>Date (month, day, year)</b> 05/29/2001	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> James G. Newland  1034 Oakwood Trl  Indianapolis IN 46260-	<b>Name of Employer</b> I-69 MidContinent Hwy Coa- lition  <b>Occupation</b> Executive Director	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mark & Mary Olsen  3268 Waubesaor Drive  Green Bay WI 54301-	<b>Name of Employer</b> Krueger International  <b>Occupation</b> Manager	<b>Date (month, day, year)</b> 05/08/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert & Judith Orh  2407 Prospect Ave  Appleton WI 54914-8718	<b>Name of Employer</b> Omri Associates  <b>Occupation</b> CEO & Chairman	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 200.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Robert & Judith Orh  2407 Prospect Ave  Appleton WI 54914-8718	<b>Name of Employer</b> Omri Associates  <b>Occupation</b> CEO & Chairman	<b>Date (month, day, year)</b> 06/15/2001	<b>Amount of Each Receipt this Period</b> 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 300.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Oneida Pac  P.O. Box 365  Oneida WI 54155-	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>11 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Greg Pauly  1711 Circle Dr.  New Holstein WI 53061-	<b>Name of Employer</b> Retired  <b>Occupation</b> Aluminum Foundry  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 06/21/2001	<b>Amount of Each Receipt this Period</b>  200.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Mashantucket Pequot  PO Box 3008  Ledyard CT 06339-3008	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Peter Payer  11000 Dobbins Dr.  Potomac MD 20854-	<b>Name of Employer</b> Payer Associates  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Power  1003 Central Ave.  Deerfield IL 60015-	<b>Name of Employer</b> Wisconsin Central Ltd.  <b>Occupation</b> Executive  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b>  300.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas J. Prosser  1028 Surrey Ct.  Neenah WI 54956-	<b>Name of Employer</b> Menasha Corp.  <b>Occupation</b> Mfg. Executive  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Receipt this Period</b>  250.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> E.J.(Jerry) Rapp  15533 Hwy. N  Tomah WI 54660-9424	<b>Name of Employer</b> Cardinal I G  <b>Occupation</b> Plant Manager  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>Full Name, Mailing Address, and ZIP Code</b> Judy Rapp  15533 Hwy N  Tomah WI 54660-9424	<b>Name of Employer</b> Information Requested  <b>Occupation</b> housewife  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/20/2001	<b>Amount of Each Receipt this Period</b>  250.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>12 / 43</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11A1</b>	
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<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> David Rause  535 Chatham Ct.  Neenah WI 54957- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> McDonald's Restaurants  <b>Occupation</b> Self Employed <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tony Reynolds  2685 Springsbury Rd.  Berryville VA 22811- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> VDO North America  <b>Occupation</b> Production Manager <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Everett & Dolores Roehl  11574 North Galvin Ave  Marshfield WI 54449- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Roehl Transport  <b>Occupation</b> Owner <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Peter T. Rogers  P.O. Box 497  Marion WI 54850- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Marion Plywood Corp.  <b>Occupation</b> Owner <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Gabor J. Rozsa  700 13th St. N.W. Suite 400  Washington DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Cassidy and Associates  <b>Occupation</b> Vice President <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ronald & Karen Russ  1029 E. Talbot St.  Arlington Heights IL 60004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Wisconsin Central  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 06/26/2001	<b>Amount of Each Receipt this Period</b> 300.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Daniel & Mary Schiltz  4771 Kim Circle  New Franken WI 54229- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Krueger Int.  <b>Occupation</b> Vice-President <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/08/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>13 / 43</b>
			FOR LINE NUMBER <b>11A1</b>

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

<b>Full Name, Mailing Address, and ZIP Code</b> Bernard & Maureen Schreiner  P.O. Box 1215  Fond Du Lac WI 54936-1215  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mary Shields  5700 Chapman Mill Dr., No. 350  N. Bethesda MD 20852-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cassidy & Associates	Date (month, day, year) 04/04/2001	Amount of Each Receipt this Period 500.00
	Occupation Sr. Vice President	Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Thomas Slusser  PO Box 33  Logansport IN 46947-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Info Requested	Date (month, day, year) 04/04/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> E. Del Smith  4712 32nd St N  Arlington VA 22207-4202  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/21/2001	Amount of Each Receipt this Period 500.00
	Occupation Government Relations	Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Oliver & Pat Smith  P.O. Box 11  Menasha WI 54952-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Menasha Corp.	Date (month, day, year) 06/28/2001	Amount of Each Receipt this Period 300.00
	Occupation Executive	Aggregate Year-to-Date > \$ 300.00	
<b>Full Name, Mailing Address, and ZIP Code</b> John & JoAnne Spangler  3620 Cove Rd.  Columbus IN 47205-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Milestone Contractors, L-P.	Date (month, day, year) 04/04/2001	Amount of Each Receipt this Period 500.00
	Occupation President	Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jay & Pam Sturm  P.O. Box 854  Menasha WI 54949-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer A. Sturm & Sons.	Date (month, day, year) 03/14/2001	Amount of Each Receipt this Period 100.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 100.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>14 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Jay & Pam Sturm  P.O. Box 854  Menasha WI 54940- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> A. Sturm & Sons.  <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 04/20/2001	<b>Amount of Each Receipt this Period</b> 100.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jack Sullivan  4880 Island View Dr.  Oshkosh WI 54901- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Triangle Mfg  <b>Occupation</b> Engineer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> John L. Thompson  11828 Tarrynot Lane  Carmel IN 46033- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self-Employed  <b>Occupation</b> Information Requested <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mohegan Tribe  5 Crow Hill Road PO Box 488 Uncasville CT 06382- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Tulalip Tribes  6700 Totem Beach Road  Marysville WA 98271- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/31/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> John III & Suzy Vette  5050 Lake Rd.  Oshkosh WI 54901- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> SNC  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 06/26/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> John L. Warden  125 Broad Street  New York NY 10004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self-Employed  <b>Occupation</b> Lawyer <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>15 / 43</b>
				FOR LINE NUMBER	<b>11A1</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> William Warfield  PO Box 750  Montello WI 53949-	<b>Name of Employer</b> Retired	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b> 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested				
<b>Aggregate Year-to-Date</b> > \$ 500.00					
<b>Full Name, Mailing Address, and ZIP Code</b> William Warfield  PO Box 750  Montello WI 53949-	<b>Name of Employer</b> Retired	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested				
<b>Aggregate Year-to-Date</b> > \$ 1000.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Ann D. Warner  2424 Garnett Drive  Alexandria VA 22311-4907	<b>Name of Employer</b> Carmen Group Companies	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Senior Associate				
<b>Aggregate Year-to-Date</b> > \$ 500.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Robert Warner  8819 Edgewater Ridge  Omro WI 54963-9760	<b>Name of Employer</b> EAA	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 400.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Vice President				
<b>Aggregate Year-to-Date</b> > \$ 400.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Ron Waterman  4802 Tabard Place  Annandale VA 22003-	<b>Name of Employer</b> Waterman And Associates	<b>Date (month, day, year)</b> 04/04/2001	<b>Amount of Each Receipt this Period</b> 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Consultant				
<b>Aggregate Year-to-Date</b> > \$ 500.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Michael & Kathy White  1150 W. Bradley Rd.  Milwaukee WI 53217-	<b>Name of Employer</b> Rite Hite Corp.	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> President				
<b>Aggregate Year-to-Date</b> > \$ 250.00					
<b>Full Name, Mailing Address, and ZIP Code</b> Bernard C. Ziegler  930 Schloemer Drive  West Bend WI 53095-	<b>Name of Employer</b> Retired	<b>Date (month, day, year)</b> 03/16/2001	<b>Amount of Each Receipt this Period</b> 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Retired				
<b>Aggregate Year-to-Date</b> > \$ 500.00					
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>36180.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>16 / 43</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11C</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> ARTBA - PAC  1010 Massachusetts Ave., N.W. Washington DC 20001- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Jacobs Sverdrup GGF  111 So. Arroyo Parkway Pasadena CA 91105- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Kamper Insurance Campaign Fund  Long Grove IL 60049-0001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 05/16/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Non-Part. Transportation PAC  1801 K.St. NW Suite 901-L Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Oshkosh Truck Corp. Employees' PAC  2307 Oregon St., Box 2566 Oshkosh WI 54903-2566 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 03/21/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Outdoor Advertising Ass. of America PAC  1850 M Street NW, Suite 1040 Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 5000.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Outdoor Advertising Ass. of America PAC  1850 M Street NW, Suite 1040 Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 10000.00	<b>Date (month, day, year)</b> 03/14/2001	<b>Amount of Each Receipt this Period</b> 5000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		17 / 43
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> SALLIE MAE, INC. PAC  11600 Sallie Mae Dr.  Reston VA 20190-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> UPSPAC  55 Glenlake Parkway N.E.  Atlanta GA 30328-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> WEPAC  231 W. Michigan Street  Milwaukee WI 53203-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 06/21/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> AANA-PAC  412 1st Street, SE, Ste. 12  Washington DC 20003-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ACRE PAC  4301 Wilson Boulevard  Arlington VA 22203-1860  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1250.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 1250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Amalgamated Transit Union  5025 Wisconsin Ave., N. W.  Washington DC 20016-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> AMPI PAC  PO Box 455  New Ulm MN 56073-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 250.00	<b>Date (month, day, year)</b> 06/21/2001	<b>Amount of Each Receipt this Period</b> 250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>18 / 43</b>
			FOR LINE NUMBER <b>11C</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> American Inst. Architects PAC  1735 New York Ave., NW Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> AGC Pac  333 John Carlyle Street, Ste 200 Alexandria VA 22314- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 05/01/2001	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Akin, Gump, Strauss, Hauer, & Feld, 1333 New Hampshire Ave., N.W., Ste Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Air Line Pilots Association PAC 1825 Massachusetts Ave., N.W. Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Air Products Political Alliance PO Box 441 Trexeltown PA 18067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 05/18/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Am. Assoc. Of Airport Execs.  601 Madison Street Suite 400 Alexandria VA 22314-1758 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Alliant Energy Employees Pac  P.O. Box 192 (Former WI Power & Light) Madison WI 53701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 06/28/2001	Amount of Each Receipt this Period 150.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 150.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>19 / 43</b>
Use separate schedule(s) for each category of the Detailed Summary Page			<b>FOR LINE NUMBER 11C</b>	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Allied Pilots Association PAC  14600 Trinity Blvd., Ste. 500  Fort Worth TX 76155-2512  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 05/18/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Am. Portland Cement Alliance, Inc. PAC  1225 Eye St. N.W., Suite 300  Washington DC 20005-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Supply Association PAC  222 Merchandise Mart. # 1400  Chicago IL 60654-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Trucking PAC  430 First St. S.E.  Washington DC 20003-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Trucking PAC  430 First St. S.E.  Washington DC 20003-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 1500.00	<b>Date (month, day, year)</b> 05/01/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Airlines Pac  1101 17th St. N.W.  Washington DC 20036-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> American Physical Therapy Cong. Act. Com  1111 N. Fairfax Street  Alexandria VA 22314-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 500.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	20 / 43
					FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Natl. Licensed Beverage Assoc. BAR-PAC 20 S Quaker Ln #230  Alexandria VA 22314-4500		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BNSF RAILPAC  P.O. Box 581039  Fort Worth TX 76161-0039		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 06/21/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> BUSPAC-American Bus Association  1100 New York Ave., N.W. Suite 105  Washington DC 20005-3939		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Brunswick Good Govt. Fund  P.O. Box 1939  Fond Du Lac WI 54936-		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CENEX-HARVEST STATES PAC  P.O. Box 64089  St. Paul MN 55164-		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 05/01/2001	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CMS Employees for Better Govt  212 W. Michigan Ave.  Jackson MI 49201-		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 06/22/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> CNF PAC  3240 Hillview Ave.  Palo Alto CA 94304-		<b>Name of Employer</b> Information Requested		<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Information Requested			
		<b>Aggregate Year-to-Date</b> > \$ 500.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>21 / 43</b>
			FOR LINE NUMBER <b>11C</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> COLCPE PAC  100 Indiana Avenue, N.W. Washington DC 20001-2144 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/27/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> CSX Good Govt. Fund  P.O. Box C-32222 Richmond VA 23261- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/21/2001	Amount of Each Receipt this Period 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Career College Association PAC  10 G Street, NE Suite 750 Washington DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Cape AFL-CIO  815 Sixteenth St., NW Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/29/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Cellular Telecommunications Ind. Assoc.  1250 Connecticut Ave., N.W., Ste. Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Dealers Election Action Committee  8400 Westpark Drive Mc Lean VA 22102- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 5000.00
<b>Full Name, Mailing Address, and ZIP Code</b> ESOP PAC  1726 M Street, N.W., Suite 501 Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/11/2001	Amount of Each Receipt this Period 500.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>22 / 43</b>
			FOR LINE NUMBER <b>11C</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> Electronic Data Systems Emplo- yees PAC 1331 Pennsylvania Ave., N.W. Suite Washington DC 20004-1703 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Energy Absorption Pac Pol. Action for Energy Absorption 1 E Wacker Dr Chicago IL 60601- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> International Assoc. of Fire Fighters 1750 New York Avenue, N.W. Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/21/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ford Motor Company Civic Acti- on Fund The American Road Dearborn MI 48121- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> National Funeral Directors As- sn PAC 13625 Bishop's Drive Brookfield WI 53005-6807 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> National Funeral Directors As- sn PAC 13625 Bishop's Drive Brookfield WI 53005-6807 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 04/11/2001	Amount of Each Receipt this Period 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Fun - PAC 918 18th St., NW, Ste 412 Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>23 / 43</b>
			FOR LINE NUMBER <b>11C</b>

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

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

<b>Full Name, Mailing Address, and ZIP Code</b> Gas Employees PAC  1515 Wilson Boulevard Arlington VA 22209- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> GPC America Inc. PAC  1120 Connecticut Ave., NW, Ste. 11 Washington DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> General Dynamics PAC  3180 Fairview Park Dr. Ste 1 Arlington VA 22202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/17/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> G.P. Employees Fund Georgia Pacific Corp 1875 Eye St., NW, Suite 775 Washington DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Greyhound Lines PAC  P.O. Box 660362 Dallas TX 75266-0362 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> Hoham Pac  6211 Ann Arbor Rd Dundee MI 48131- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Int'l. Assoc. of Holiday Inns. Inc. 3 Ravinia Dr. Ste. 2000 Atlanta GA 30346-2149 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 06/29/2001	<b>Amount of Each Receipt this Period</b> 500.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>24 / 43</b>
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**NAME OF COMMITTEE (In Full)**  
**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> Instl. of Scrap Recycling Industries PAC 1325 G St., N.W., Suite 1000 Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> International Taxicab Association PAC 3649 Farragut Avenue Kensington MD 20895-	Name of Employer Information Requested	Date (month, day, year) 04/11/2001	Amount of Each Receipt this Period 1500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Institute of Makers of Explosives 1120- 19th St, NW, No.310 Washington DC 20036-3605	Name of Employer Information Requested	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Interstate Natural Gas Assoc. of America 555 13th Street, N.W. No. 300-W Washington DC 20004-	Name of Employer Information Requested	Date (month, day, year) 06/21/2001	Amount of Each Receipt this Period 750.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 750.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> John Deere PAC 1 John Deere Place Moline IL 61205-	Name of Employer Information Requested	Date (month, day, year) 03/30/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Kraft Foods PAC 1341 G St., NW, Ste 500 Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 03/30/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Laborers' Political League 905 18th Street NW Washington DC 20006-	Name of Employer Information Requested	Date (month, day, year) 06/29/2001	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>25 / 43</b>
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**NAME OF COMMITTEE (In Full)**  
**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> Land O'Lakes, Inc. PAC  Steven Krkeva, Dir. PO Box 64101 Saint Paul MN 55164-	Name of Employer Information Requested	Date (month, day, year) 05/28/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ltk Pac  Suite 300 Two Valley Square Blue Bell PA 19422-	Name of Employer Information Requested	Date (month, day, year) 06/28/2001	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Menasha PAC  P.O. Box 367  Neenah WI 54957-	Name of Employer Information Requested	Date (month, day, year) 04/04/2001	Amount of Each Receipt this Period 265.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 265.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Motorcycle Rights Fund PAC  P.O. Box 1808  Washington DC 20013-1808	Name of Employer Information Requested	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> National Utility Contractors Assoc. PAC  4301 Fairfax Drive No. 360  Arlington VA 22203-	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
<b>Full Name, Mailing Address, and ZIP Code</b> NAPUS PAC for Postmasters  6 Herber Street  Alexandria VA 22305-2800	Name of Employer Information Requested	Date (month, day, year) 05/15/2001	Amount of Each Receipt this Period 350.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
<b>Full Name, Mailing Address, and ZIP Code</b> NCR Citizenship Fund  1268 Penn Ave., NW. Ste. 1200W  Washington DC 20004-2400	Name of Employer Information Requested	Date (month, day, year) 03/21/2001	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			

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

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>26 / 43</b>
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**NAME OF COMMITTEE (In Full)**  
**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> National Assoc. of Beverage Retailers PA 5101 River Road, Suite 108 Bethesda MD 20816-	Name of Employer Information Requested	Date (month, day, year) 04/24/2001	Amount of Each Receipt this Period 700.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 700.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Nat. Tank Truck Carriers PAC 2200 Mill Road Alexandria VA 22314-	Name of Employer Information Requested	Date (month, day, year) 03/15/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Propane Gas Association PAC 1101 17th Street, N.W., Ste. 1004 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NRA Political Victory Fund 11250 Waples Mill Road Fairfax VA 22030-7400	Name of Employer Information Requested	Date (month, day, year) 03/30/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Natso 499 South Capitol St. SW Ste 502 Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 06/21/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Court Reporters Assn. 8224 Old Courthouse Rd. Vienna VA 22182-3808	Name of Employer Information Requested	Date (month, day, year) 04/06/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Norfolk Southern Corp. GGF Three Commercial Place Norfolk VA 23510-2191	Name of Employer Information Requested	Date (month, day, year) 06/28/2001	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
		Aggregate Year-to-Date > \$ 1000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>27 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11C</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> O'Malley & Myers PAC  555 13th St., N.W.  Washington DC 20004-1100  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ocean Spray PAC  One Ocean Spray Drive  Lakeville-middleboro MA 02349-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Parsons Corp. PAC  100 Walnut Street  Pasadena CA 91124-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 500.00	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b>  500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Principal Financial Group PAC  711 High St.  Des Moines IA 50392-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Association of American Railroads PAC  50 F St., N.W.  Washington DC 20001-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ryder Employees PAC  3600 N.W. 82nd Ave.  Miami FL 33186-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> SBC Communication, Inc.  175 E. Houston, RM 4-J-01  San Antonio TX 78205-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b>  1000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>28 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11C</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Service Employees International Union 1313 L Street NW Washington DC 20005-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 06/21/2001	<b>Amount of Each Receipt this Period</b> 2500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 2500.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Transportation Intermediaries Assn. 3601 Eisenhower Ave., Ste. 110 Alexandria VA 22304-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 04/06/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 1000.00				
<b>Full Name, Mailing Address, and ZIP Code</b> TTX Company Employees PAC 101 N. Wacker Dr., Ste. 1060 Chicago IL 60606-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 500.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Transport Workers Union, Affilio Pcc 10 G Street, NE Washington DC 20002-1536	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 1000.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Transportation Pol. Education League 14600 Detroit Avenue Cleveland OH 44107-4250	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 04/17/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 500.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Union Pacific Fund for Effective Govt. 600 Thirteenth St. NW, Ste 340 Washington DC 20005-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 04/11/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 500.00				
<b>Full Name, Mailing Address, and ZIP Code</b> Union Pacific Fund for Effective Govt. 600 Thirteenth St. NW, Ste 340 Washington DC 20005-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 06/28/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested			
<b>Aggregate Year-to-Date</b> > \$ 1500.00				
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>29 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11C</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Verizon  P. O. Box 48  Sun Prairie WI 53580-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 05/01/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> The Verner Liipfert PAC  901 15th St., NW, Ste. 700  Washington DC 20005-2301	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 04/24/2001	<b>Amount of Each Receipt this Period</b> 375.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested	<b>Aggregate Year-to-Date</b> > \$ 375.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Campaign Fund of WPS Corp.  P.O. Box 700  Green Bay WI 54305-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Receipt this Period</b> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>74090.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>30 / 43</b>
					FOR LINE NUMBER <b>11B</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> NRCC  320 First Street, SE  Washington DC 20003-		<b>Name of Employer</b> Information Requested  Occupation Information Requested		<b>Date (month, day, year)</b> 05/15/2001	<b>Amount of Each Receipt this Period</b> 98.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Aggregate Year-to-Date</b> 5    98.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					<b>98.00</b>

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>31 / 43</b>
			FOR LINE NUMBER <b>14</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Gallagher Media, Inc.  2525 E 82nd Street, Ste 201  Minneapolis MN 55425-	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 03/27/2001	<b>Amount of Each Receipt This Period</b> 5525.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Occupation</b> Information Requested	<b>Aggregate Year-to-Date</b> 5    5525.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>5525.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>32 / 43</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>15</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> McCormick for Assembly  P.O. Box 7137  Appleton WI 54912-7068  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   71.50	<b>Date (month, day, year)</b> 06/01/2001	<b>Amount of Each Receipt this Period</b>  71.50	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   2.28	<b>Date (month, day, year)</b> 01/31/2001	<b>Amount of Each Receipt this Period</b>  2.28	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   10.08	<b>Date (month, day, year)</b> 01/31/2001	<b>Amount of Each Receipt this Period</b>  7.80	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   17.83	<b>Date (month, day, year)</b> 02/28/2001	<b>Amount of Each Receipt this Period</b>  7.75	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   19.76	<b>Date (month, day, year)</b> 02/28/2001	<b>Amount of Each Receipt this Period</b>  1.93	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   21.63	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b>  1.87	
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  Occupation Information Requested  Aggregate Year-to-Date > \$   32.82	<b>Date (month, day, year)</b> 03/30/2001	<b>Amount of Each Receipt this Period</b>  11.19	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				



<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>33 / 43</b>
			FOR LINE NUMBER 15

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

<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 2.19
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 35.01			
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 44.50
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 79.91			
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 2.12
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 82.03			
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 56.76
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 138.79			
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 06/29/2001	Amount of Each Receipt this Period 54.11
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 192.90			
<b>Full Name, Mailing Address, and ZIP Code</b> Firstar Bank  55 S. Main St.  Fond du Lac WI 54935-	Name of Employer Information Requested	Date (month, day, year) 06/29/2001	Amount of Each Receipt this Period 1.81
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 194.71			
<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 01/31/2001	Amount of Each Receipt this Period 2520.93
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 2520.93			

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

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

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>34 / 43</b>
			FOR LINE NUMBER 15

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

<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 02/28/2001	Amount of Each Receipt this Period 2045.75
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 4598.68			
<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 03/30/2001	Amount of Each Receipt this Period 2103.57
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 6670.25			
<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 04/30/2001	Amount of Each Receipt this Period 1878.17
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 8548.42			
<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 1742.29
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 10290.71			
<b>Full Name, Mailing Address, and ZIP Code</b> Scudder Service Corp. Managed Cash Fun P.O. Box 2038  Boston MA 02106-2038	Name of Employer Information Requested	Date (month, day, year) 06/29/2001	Amount of Each Receipt this Period 1547.17
	Occupation Information Requested		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 11837.88			

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>12104.09</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>35 / 43</b>
			FOR LINE NUMBER 17

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

<b>Full Name, Mailing Address, and ZIP Code</b> Ameritech 845 N. 35th St. Milwaukee WI 53281-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 02/18/2001	Amount of Each Disbursement This Period 386.28
<b>Full Name, Mailing Address, and ZIP Code</b> Ameritech 845 N. 35th St. Milwaukee WI 53281-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 03/27/2001	Amount of Each Disbursement This Period 99.94
<b>Full Name, Mailing Address, and ZIP Code</b> Ameritech 845 N. 35th St. Milwaukee WI 53281-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 04/28/2001	Amount of Each Disbursement This Period 99.48
<b>Full Name, Mailing Address, and ZIP Code</b> Ameritech 845 N. 35th St. Milwaukee WI 53281-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 05/20/2001	Amount of Each Disbursement This Period 93.30
<b>Full Name, Mailing Address, and ZIP Code</b> Morgan Meredith & Associates 4451 Brookfield Corp. Dr. Suite 200 Chantilly VA 22021-1652	Purpose of Disbursement Operating Expenditure Fundrais- ing exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 06/01/2001	Amount of Each Disbursement This Period 4048.62
<b>Full Name, Mailing Address, and ZIP Code</b> AT&T P.O. Box 27-680 Kansas City MO 64180-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 02/18/2001	Amount of Each Disbursement This Period 149.37
<b>Full Name, Mailing Address, and ZIP Code</b> AT&T P.O. Box 27-680 Kansas City MO 64180-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 03/27/2001	Amount of Each Disbursement This Period 69.89
<b>Full Name, Mailing Address, and ZIP Code</b> AT&T P.O. Box 27-680 Kansas City MO 64180-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 04/28/2001	Amount of Each Disbursement This Period 148.09
<b>Full Name, Mailing Address, and ZIP Code</b> AT&T P.O. Box 27-680 Kansas City MO 64180-	Purpose of Disbursement Operating Expenditure Telephone Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 06/01/2001	Amount of Each Disbursement This Period 204.00

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

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
17

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Quarterly Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	01/27/2001	4585.06
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Travel and Intems Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	02/18/2001	2048.27
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	02/18/2001	5727.72
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Travel and Intems Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	03/27/2001	92.65
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Withhold-ing taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	04/25/2001	67.40
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Travel and Intems Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	04/28/2001	1006.00
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Travel and Intems Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	05/20/2001	150.24
Firststar Bank 55 S. Main St. Fond du Lac WI 54935-	Operating Expenditure Withhold-ing taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	06/15/2001	16.84
Salvalorean Center 1303 Milwaukee Drive New Holstein WI 53061-	Operating Expenditure Mailing Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	04/28/2001	528.17
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

<p><b>Full Name, Mailing Address, and ZIP Code</b> Citizens for Cross  P.O. Box 173  Waupaca WI 54981-</p>	<p>Purpose of Disbursement Operating Expenditure Contribution  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 04/26/2001</p>	<p>Amount of Each Disbursement This Period 200.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> E &amp; B Computer Services  535 S. Main St.  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Office Supplies  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 06/15/2001</p>	<p>Amount of Each Disbursement This Period 315.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Waupaca County Club  P.O. Box 274  Waupaca WI 54981-</p>	<p>Purpose of Disbursement Operating Expenditure Reception Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 05/20/2001</p>	<p>Amount of Each Disbursement This Period 1054.66</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Scott Dacey  8130 Wellington Rd.  Alexandria VA 22308-</p>	<p>Purpose of Disbursement In-Kind  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 06/29/2001</p>	<p>Amount of Each Disbursement This Period 203.65</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Albert L. Ely  P.O. Box 21010  Alexandria VA 22320-</p>	<p>Purpose of Disbursement Operating Expenditure Refund  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 03/08/2001</p>	<p>Amount of Each Disbursement This Period 250.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 01/01/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 02/01/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 03/01/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 04/01/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 04/25/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> HBA of Fond du lac  490 Rolling Meadows Drive  Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Rent  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 06/01/2001</p>	<p>Amount of Each Disbursement This Period 930.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 01/01/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 01/31/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 03/01/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Reimburse supplies  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 03/27/2001</p>	<p>Amount of Each Disbursement This Period 213.17</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 04/01/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 04/25/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Frank Frasselto  4610 Stonewood Ct.  Oshkosh WI 54902-</p>	<p>Purpose of Disbursement Operating Expenditure Management Fee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Other</u></p>	<p>Date (month, day, year) 06/01/2001</p>	<p>Amount of Each Disbursement This Period 1600.00</p>

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Travelers P.O. Box 42527 Philadelphia PA 19101-2527	Operating Expenditure Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	06/01/2001	916.00
The Travelers P.O. Box 42527 Philadelphia PA 19101-2527	Operating Expenditure Void unpaid check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	06/30/2001	-235.00
Scott Keller 405 E North St Brownsville WI 53006-	Operating Expenditure wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	06/01/2001	709.02
Sue Kerkman-Jung N5817 Ritger Dr. Fond Du Lac WI 54935-	Operating Expenditure Reimburse Mileage & Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	04/05/2001	299.28
Sue Kerkman-Jung N5817 Ritger Dr. Fond Du Lac WI 54935-	Operating Expenditure Void unpaid check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	06/30/2001	-45.00
Alan Mauk 2121 Jamieson Unit 1405 Alexandria VA 22314-	Operating Expenditure Refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	03/08/2001	500.00
Toria Nebl 845 Security Drive BB204 Fond du Lac WI 54935-	Operating Expenditure Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	01/09/2001	614.28
Toria Nebl 845 Security Drive BB204 Fond du Lac WI 54935-	Operating Expenditure wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	01/23/2001	512.17
Toria Nebl 845 Security Drive BB204 Fond du Lac WI 54935-	Operating Expenditure wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	02/15/2001	294.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
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<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>40 / 43</b>
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**NAME OF COMMITTEE (In Full)**  
**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> Outdoor Advertising Ass. of America PA 1850 M Street NW, Suite 1040 Washington DC 20036-	Purpose of Disbursement Operating Expenditure Refund	Date (month, day, year) 06/01/2001	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> 1-800-Conference PO Box 95537 Chicago IL 60694-5537	Purpose of Disbursement Operating Expenditure Phone Expenses	Date (month, day, year) 02/23/2001	Amount of Each Disbursement This Period 494.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> Century Tel 353 S Pioneer Road Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Telephone Expenses	Date (month, day, year) 02/18/2001	Amount of Each Disbursement This Period 85.08
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> Century Tel 353 S Pioneer Road Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Telephone Expenses	Date (month, day, year) 03/27/2001	Amount of Each Disbursement This Period 46.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> Century Tel 353 S Pioneer Road Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Telephone Expenses	Date (month, day, year) 04/17/2001	Amount of Each Disbursement This Period 46.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> Century Tel 353 S Pioneer Road Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Telephone Expenses	Date (month, day, year) 05/20/2001	Amount of Each Disbursement This Period 46.62
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> U.S. Postmaster 99 W 2nd Street Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 02/22/2001	Amount of Each Disbursement This Period 1020.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> U.S. Postmaster 99 W 2nd Street Fond Du Lac WI 54935-	Purpose of Disbursement Operating Expenditure Postage	Date (month, day, year) 05/04/2001	Amount of Each Disbursement This Period 340.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
<b>Full Name, Mailing Address, and ZIP Code</b> Steinert Printing 1465 S. Washington St. Oshkosh WI 54904-	Purpose of Disbursement Operating Expenditure Printing Expenses	Date (month, day, year) 04/28/2001	Amount of Each Disbursement This Period 407.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

<p><b>Full Name, Mailing Address, and ZIP Code</b> Steinert Printing 1465 S. Washington St. Oshkosh WI 54904-</p>	<p>Purpose of Disbursement Operating Expenditure Printing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 06/01/2001</p>	<p>Amount of Each Disbursement This Period 300.30</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> The Print Shop 15-19 East Third St. Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Printing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 02/18/2001</p>	<p>Amount of Each Disbursement This Period 1536.72</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> WI Dept. of Revenue PO Box 9391 Madison WI 53708-</p>	<p>Purpose of Disbursement Operating Expenditure Quarterly Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 01/27/2001</p>	<p>Amount of Each Disbursement This Period 796.00</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> WI Dept. of Revenue PO Box 9391 Madison WI 53708-</p>	<p>Purpose of Disbursement Operating Expenditure Withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 04/25/2001</p>	<p>Amount of Each Disbursement This Period 7.30</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Fond du Lac Rotary P.O. Box 182 Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Events &amp; dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 02/18/2001</p>	<p>Amount of Each Disbursement This Period 149.50</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Fond du Lac Rotary P.O. Box 182 Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Events &amp; dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 04/05/2001</p>	<p>Amount of Each Disbursement This Period 148.75</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Internal Revenue Service Kansas City MO 64999-</p>	<p>Purpose of Disbursement Operating Expenditure tax adjustment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 06/01/2001</p>	<p>Amount of Each Disbursement This Period 428.74</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Staples Office Superstore 835 W. Johnson St. Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 02/15/2001</p>	<p>Amount of Each Disbursement This Period 48.39</p>
<p><b>Full Name, Mailing Address, and ZIP Code</b> Staples Office Superstore 835 W. Johnson St. Fond Du Lac WI 54935-</p>	<p>Purpose of Disbursement Operating Expenditure Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other</p>	<p>Date (month, day, year) 06/01/2001</p>	<p>Amount of Each Disbursement This Period 202.53</p>

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<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>42 / 43</b>
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**NAME OF COMMITTEE (In Full)**  
**Citizens for Tom Petri**

<b>Full Name, Mailing Address, and ZIP Code</b> Target Bluff Supper Club  208 State Rd. 12 & 16  Camp Douglas WI 54610-	<b>Purpose of Disbursement</b> Operating Expenditure Reception Expense  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 05/20/2001	<b>Amount of Each Disbursement This Period</b> 540.00
<b>Full Name, Mailing Address, and ZIP Code</b> Ron Waterman  4602 Tabard Place  Annandale VA 22003-	<b>Purpose of Disbursement</b> Operating Expenditure Refund  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 03/08/2001	<b>Amount of Each Disbursement This Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 02/15/2001	<b>Amount of Each Disbursement This Period</b> 76.72
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 02/23/2001	<b>Amount of Each Disbursement This Period</b> 58.24
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 03/08/2001	<b>Amount of Each Disbursement This Period</b> 55.32
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 03/27/2001	<b>Amount of Each Disbursement This Period</b> 40.04
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 04/05/2001	<b>Amount of Each Disbursement This Period</b> 43.12
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 05/20/2001	<b>Amount of Each Disbursement This Period</b> 76.25
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac WI 54935-	<b>Purpose of Disbursement</b> Operating Expenditure Staff Services  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	<b>Date (month, day, year)</b> 05/22/2001	<b>Amount of Each Disbursement This Period</b> 101.58

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

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

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>43 / 43</b>
			FOR LINE NUMBER <b>17</b>
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<b>NAME OF COMMITTEE (In Full)</b> <b>Citizens for Tom Petri</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Patrick Zimmerman  59 Amory St.  Fond Du Lac                      WI    54935-	<b>Purpose of Disbursement</b> Operating Expenditure Reimburse Mileage  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :    Other	<b>Date (month, day, year)</b> 06/15/2001	<b>Amount of Each Disbursement This Period</b> 168.71
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>49276.50</b>