

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Citizens for Tom Petri

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

Check if different than previously reported. (ACC)

Fond du Lac WI 54936

2. **FEC IDENTIFICATION NUMBER** C00107003

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

NEW (N) AMENDED (A)

WI 6

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 07 2006 in the State of WI

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

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

Election on in the State of

5. Covering Period 07 01 2006 through 08 23 2006

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

Type or Print Name of Treasurer Louis Andrew, Jr.

Signature of Treasurer Electronically Filed by Louis Andrew, Jr. Date 10 12 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Tom Petri

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 34652.00 | 420909.00 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 3600.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 34652.00 | 417309.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 24470.13 | 322122.61 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 3477.49 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 24470.13 | 318645.12 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 801370.10 | |
| 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 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Citizens for Tom Petri

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

7235.00

100595.00

(ii) Unitemized.....

2417.00

34818.00

(iii) TOTAL of contributions

9652.00

135413.00

from individuals..... ▶

0.00

196.00

(b) Political Party Committees.....

25000.00

285300.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

34652.00

420909.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

3477.49

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

1803.22

36848.20

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

36455.22

461234.69

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 24470.13 | 322122.61 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 1100.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2500.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 3600.00 |
| 21. OTHER DISBURSEMENTS..... | 189500.00 | 336700.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 213970.13 | 662422.61 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 978885.01 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 36455.22 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1015340.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 213970.13 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 801370.10 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 35 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
AGC Pac

Mailing Address 2300 Wilson Blvd Ste 400

City State Zip Code
Arlington VA 22201-5426

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: 60831.C36135

Amount of Each Receipt this Period
3500.00

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

B. Full Name (Last, First, Middle Initial)
American Concrete Pavement Assoc. PAC

Mailing Address 5420 Old Orchard Rd Ste A100

City State Zip Code
Skokie IL 60077-1053

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: 60831.C36134

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ball Janik LLP

Mailing Address 101 SW Main St Ste 1100 Suite 1100

City State Zip Code
Portland OR 97204-3219

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2006

Transaction ID: 60831.C36121

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 35 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Bechtel Pac | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address PO Box 193965 | | Transaction ID: 60831.C36136 | |
| City State Zip Code San Francisco CA 94119-3965 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 5000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Federal Express PAC | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 300 Maryland Ave NE | | Transaction ID: 60831.C36138 | |
| City State Zip Code Washington DC 20002-5712 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 5000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Foley & Lardner Pac | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 3000 K St NW Ste 500 | | Transaction ID: 60831.C36139 | |
| City State Zip Code Washington DC 20007-5111 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 9000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 35 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) A. NAPUS PAC | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 8 Herbert St | | Transaction ID: 60831.C36167 | |
| City Alexandria | State VA | Zip Code 22305-2628 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | Election Cycle-to-Date ▼ 1550.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) B. National Restaurant Assn., PAC | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 1200 17th St NW Ted Fowler | | Transaction ID: 60831.C36142 | |
| City Washington | State DC | Zip Code 20036-3004 | Amount of Each Receipt this Period 1500.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | Election Cycle-to-Date ▼ 5000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) C. NBWA Political Action Comm. | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 1101 King St Ste 600 | | Transaction ID: 60831.C36141 | |
| City Alexandria | State VA | Zip Code 22314-2965 | Amount of Each Receipt this Period 2500.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | Election Cycle-to-Date ▼ 2500.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 8 / 35 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Oshkosh Truck Corp. Employees PAC | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 2307 Oregon St # 2566 | | Transaction ID: 60831.C36137 | |
| City Oshkosh | State WI | Zip Code 54902-7062 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | | |

| | | | |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) B. Parsons Brinckerhoff Inc. Pac | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 1 Penn Plz | | Transaction ID: 60831.C36144 | |
| City New York | State NY | Zip Code 10119-0001 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | | |

| | | | |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Rockpac | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 1605 King St | | Transaction ID: 60831.C36143 | |
| City Alexandria | State VA | Zip Code 22314-2726 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 35 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
S.C. Johnson & Son PAC

Mailing Address 1133 Connecticut Ave NW Ste 650

City Washington State DC Zip Code 20036-4311

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60831.C36122

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
United Technologies PAC

Mailing Address 1401 I St NW Ste 600

City Washington State DC Zip Code 20005-2225

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60831.C36123

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Weyerhaeuser Special Shareholders PAC

Mailing Address 2100 First National Bank Building

City Saint Paul State MN Zip Code 55101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 60831.C36145

Amount of Each Receipt this Period
 2000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 25000.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
Charles Alsberg

Mailing Address PO Box 23

City Neshkoro State WI Zip Code 54960-0023

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

Name of Employer North American Hydro, Inc. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60831.C36171

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 300 S Rath Ave Apt 50

City Ludington State MI Zip Code 49431-3009

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

Name of Employer Lake Michigan Car ferry Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 370.00

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

Transaction ID: 60831.C36179

Amount of Each Receipt this Period
170.00

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

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

Mailing Address W7266 Fern Rd

City Oxford State WI Zip Code 53952-8968

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

Name of Employer Brakebush Brothers Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: 60831.C36172

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

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

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
Joanne and Roger Burris

Mailing Address 80 Riverview Rd

City State Zip Code
Kiel WI 53042-1771

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

Name of Employer Occupation
Maritime Insurance Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 60831.C36180

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Donald Clingan

Mailing Address 201 N Gaylord Ave

City State Zip Code
Ludington MI 49431-1620

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

Name of Employer Occupation
Lake Michigan Car ferry Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
370.00

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

Transaction ID: 60831.C36181

Amount of Each Receipt this Period
170.00

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

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

Mailing Address 21 Maritime Dr

City State Zip Code
Manitowoc WI 54220-4624

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

Name of Employer Occupation
Access Inv. Adv. Investment Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

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

Transaction ID: 60831.C36183

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **370.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

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

Mailing Address 9571 Lagersfield Cir

City Vienna State VA Zip Code 22181-6182

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

Name of Employer self Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36120

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 18200 Horse Rd

City Mishicot State WI Zip Code 54228-9722

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

Name of Employer WI Nationwide Trans., INC Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36184

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 121 W Breed St

City Chilton State WI Zip Code 53014-1006

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36185

Amount of Each Receipt this Period
100.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

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

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
Michael Flanagan

Mailing Address 1279 Delaware Ave SE

City Washington State DC Zip Code 20024

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

Name of Employer Flanagan Consulting Occupation Pres.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36125

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Tim Freudenthal

Mailing Address PO Box 865

City Wautoma State WI Zip Code 54982-0865

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

Name of Employer WI Real Estate Appraisal Occupation Real Estate Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36177

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Kenneth Gart

Mailing Address 299 Milwaukee St Ste 502

City Denver State CO Zip Code 80206-5045

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

Name of Employer Speciality Sports Venture Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36118

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

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

Mailing Address 20 Meadow Ln

City Englewood State CO Zip Code 80113-4903

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36119

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Terry Growcock

Mailing Address 2102 Hunters Ridge Ct

City Manitowoc State WI Zip Code 54220-9046

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

Name of Employer Manitowoc Co. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36187

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 312 E Pearl St

City Neshkoro State WI Zip Code 54960-9556

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

Name of Employer North American Hydro, Inc. Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
08 / 22 / 2006

Transaction ID: 60831.C36178

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

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

Mailing Address PO Box 44849

City State Zip Code
Madison WI 53744-4849

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

Name of Employer Occupation
Wisconsin Motor Carriers Assoc. Assoc. Executive

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

200.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 60831.C36128

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 6671 Audubon St
PO Box 2334

City State Zip Code
Holland MI 49423-8982

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

Name of Employer Occupation
Lake Michigan Car ferry Partner

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

370.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: 60831.C36189

Amount of Each Receipt this Period
170.00

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

C. Full Name (Last, First, Middle Initial)
Pat Mccann

Mailing Address 209 F St NE

City State Zip Code
Washington DC 20002-4928

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

Name of Employer Occupation
McCann Capitol Advocates Government Relations

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

425.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2006

Transaction ID: 60831.C36147

Amount of Each Receipt this Period
425.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
reception food/beverages

SUBTOTAL of Receipts This Page (optional) ▶ **795.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Michael Muth | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 2216 County Road Y | | Transaction ID: 60831.C36129 | |
| City State Zip Code Howards Grove WI 53083-3314 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation KW Muth Company, Inc CEO | Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Receipt For: 2006 200.00 | | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Steven Palmer | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address 5827 27th St N | | Transaction ID: 60831.C36124 | |
| City State Zip Code Arlington VA 22207-1263 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Van Scoyoc & Associates VP | Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Receipt For: 2006 500.00 | | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Martha Pickrell | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 | |
| Mailing Address W730 Sunnyside Rd | | Transaction ID: 60831.C36153 | |
| City State Zip Code Green Lake WI 54941-9732 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Martha Pickrell Interiors Owner | Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Receipt For: 2006 200.00 | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | |
|--|-----|-----------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 / 35 |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13a |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 13b |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11d |
| <input type="checkbox"/> | | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15 |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial)
Thomas J. Prosser

Mailing Address 1028 Surrey Ct

City Neenah State WI Zip Code 54956-4232

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 60831.C36132

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
J.Douglas Quick

Mailing Address 3616 Wildwood Dr

City Manitowoc State WI Zip Code 54220-2351

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

Name of Employer Lakeside Foods Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60831.C36195

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Suzanne Sullivan

Mailing Address 209 F St Ne

City Washington State DC Zip Code 20002-4928

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

Name of Employer McCann Capitol Advocates Occupation Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60831.C36126

Amount of Each Receipt this Period
 500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | 7235.00 |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 35 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. National Exchange Bank | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address 130 S Main St | | Transaction ID: 60831.C36288 | |
| City State Zip Code Fond Du Lac WI 54935-4210 | Amount of Each Receipt this Period 60.89 | | |
| FEC ID number of contributing federal political committee. C | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 748.27 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. National Exchange Bank | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address 130 S Main St | | Transaction ID: 60831.C36289 | |
| City State Zip Code Fond Du Lac WI 54935-4210 | Amount of Each Receipt this Period 21.33 | | |
| FEC ID number of contributing federal political committee. C | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 769.60 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Scudder Service Corp. Managed Cash Fun | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 | |
| Mailing Address P.O. Box 2038 | | Transaction ID: 60831.C36290 | |
| City State Zip Code Boston MA 02106-2038 | Amount of Each Receipt this Period 1721.00 | | |
| FEC ID number of contributing federal political committee. C | Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 27723.41 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1803.22 |
| TOTAL This Period (last page this line number only) ▶ | 1803.22 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. David and June Anderson | | Transaction ID: 60831.E3718 Date of Disbursement 08 / 11 / 2006 |
| Mailing Address N7593 Autumnwood Trl | | Amount of Each Disbursement this Period 565.86 |
| City Malone State WI Zip Code 53049-1437 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement MILEAGE | Category/ Type | MILEAGE |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T | | Transaction ID: 60831.E3723 Date of Disbursement 08 / 21 / 2006 |
| Mailing Address PO Box 27680 | | Amount of Each Disbursement this Period 415.29 |
| City Kansas City State MO Zip Code 64180-0001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TELEPHONE EXPENSE | Category/ Type | TELEPHONE EXPENSE |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. National Exchange Bank | | Transaction ID: 60831.E3730 Date of Disbursement 07 / 13 / 2006 |
| Mailing Address 130 S Main St | | Amount of Each Disbursement this Period 1194.99 |
| City Fond Du Lac State WI Zip Code 54935-4210 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WITHHOLDINGS | Category/ Type | WITHHOLDINGS |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2176.14 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. National Exchange Bank | | Transaction ID: 60831.E3731 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 |
| Mailing Address 130 S Main St | | Amount of Each Disbursement this Period 109.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-4210 | Purpose of Disbursement TAXES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TAXES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. National Exchange Bank | | Transaction ID: 60831.E3732 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 |
| Mailing Address 130 S Main St | | Amount of Each Disbursement this Period 1146.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-4210 | Purpose of Disbursement WITHHOLDINGS Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WITHHOLDINGS |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. USBank | | Transaction ID: 60831.E3689 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 |
| Mailing Address 55 S Main St | | Amount of Each Disbursement this Period 2271.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-4230 | Purpose of Disbursement TRAVEL & OFFICE SUPPLIES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TRAVEL & OFFICE SUPPLIES |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3527.69 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. USBank | | Transaction ID: 60831.E3724 Date of Disbursement 08 / 21 / 2006 | |
| Mailing Address 55 S Main St | | Amount of Each Disbursement this Period 257.63 | |
| City Fond Du Lac State WI Zip Code 54935-4230 | Purpose of Disbursement TRAVEL EXP & OFFICE SUPPLIES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TRAVEL EXP & OFFICE SUPPLIES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Petty Cash | | Transaction ID: 60831.E3713 Date of Disbursement 07 / 31 / 2006 | |
| Mailing Address PO Box 270 | | Amount of Each Disbursement this Period 180.00 | |
| City Fond Du Lac State WI Zip Code 54936-0270 | Purpose of Disbursement PETTY CASH | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PETTY CASH | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. AllTel | | Transaction ID: 60831.E3690 Date of Disbursement 07 / 13 / 2006 | |
| Mailing Address 353 S Pioneer Rd | | Amount of Each Disbursement this Period 49.79 | |
| City Fond Du Lac State WI Zip Code 54935-9183 | Purpose of Disbursement TELEPHONE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 487.42 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|---|--|--|
| A. AllTel Full Name (Last, First, Middle Initial) Mailing Address 353 S Pioneer Rd City Fond Du Lac State WI Zip Code 54935-9183 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60831.E3727 Date of Disbursement 08 / 21 / 2006 Amount of Each Disbursement this Period 48.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
|---|--|--|

| | | |
|---|--|--|
| B. Avaya Communications Full Name (Last, First, Middle Initial) Mailing Address 14400 Hertz Quail Springs Pkwy City Oklahoma City State OK Zip Code 73134-2615 Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60831.E3695 Date of Disbursement 07 / 13 / 2006 Amount of Each Disbursement this Period 92.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE EXPENSE |
|---|--|--|

| | | |
|---|--|---|
| C. Charter Communications Full Name (Last, First, Middle Initial) Mailing Address 5720 Bandel Rd NW City Rochester State MN Zip Code 55901-2161 Purpose of Disbursement INTERNET Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60831.E3696 Date of Disbursement 07 / 13 / 2006 Amount of Each Disbursement this Period 52.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET |
|---|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 193.64 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Charter Communications | | Transaction ID: 60831.E3728 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 |
| Mailing Address 5720 Bandel Rd NW | | Amount of Each Disbursement this Period 52.49 |
| City Rochester State MN Zip Code 55901-2161 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement INTERNET Candidate Name | Category/Type | INTERNET |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. James Fenlon | | Transaction ID: 60831.E3686 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 |
| Mailing Address 2620 Forestview Court Apt 7 | | Amount of Each Disbursement this Period 456.55 |
| City Appleton State WI Zip Code 54915- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES & MILEAGE Candidate Name | Category/Type | WAGES & MILEAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. James Fenlon | | Transaction ID: 60831.E3712 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 |
| Mailing Address 2620 Forestview Court Apt 7 | | Amount of Each Disbursement this Period 333.37 |
| City Appleton State WI Zip Code 54915- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES & MILEAGE Candidate Name | Category/Type | WAGES & MILEAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 842.41 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. James Fenlon | | Transaction ID: 60831.E3717 Date of Disbursement 08 / 11 / 2006 |
| Mailing Address 2620 Forestview Court Apt 7 | | Amount of Each Disbursement this Period 448.60 |
| City Appleton State WI Zip Code 54915- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES & MILEAGE | Candidate Name | WAGES & MILEAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. HBA of Fond du lac | | Transaction ID: 60831.E3706 Date of Disbursement 07 / 01 / 2006 |
| Mailing Address 490 Rolling Meadows Drive | | Amount of Each Disbursement this Period 980.00 |
| City Fond du Lac State WI Zip Code 54935- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement RENT | Candidate Name | RENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. HBA of Fond du lac | | Transaction ID: 60831.E3715 Date of Disbursement 08 / 02 / 2006 |
| Mailing Address 490 Rolling Meadows Drive | | Amount of Each Disbursement this Period 980.00 |
| City Fond du Lac State WI Zip Code 54935- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement RENT | Candidate Name | RENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2408.60 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Ray E. Wood, Inc. | | Transaction ID: 60831.E3697 Date of Disbursement MM / DD / YYYY 07 / 13 / 2006 |
| Mailing Address 36-38 North Main Street | | Amount of Each Disbursement this Period 70.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond du Lac WI 54935- | Purpose of Disbursement FLORAL ARRANGEMENT Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FLORAL ARRANGEMENT |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Corecomm | | Transaction ID: 60831.E3688 Date of Disbursement MM / DD / YYYY 07 / 13 / 2006 |
| Mailing Address PO Box 790352 | | Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Saint Louis MO 63179-0352 | Purpose of Disbursement INTERNET Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | INTERNET |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Corecomm | | Transaction ID: 60831.E3726 Date of Disbursement MM / DD / YYYY 08 / 21 / 2006 |
| Mailing Address PO Box 790352 | | Amount of Each Disbursement this Period 26.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Saint Louis MO 63179-0352 | Purpose of Disbursement INTERNET Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | INTERNET |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 122.85 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Melissa Kok | | Transaction ID: 60831.E3681 Date of Disbursement MM / DD / YYYY 07 / 04 / 2006 |
| Mailing Address N6576 Canterbury Dr | | Amount of Each Disbursement this Period 958.23 |
| City State Zip Code Fond Du Lac WI 54937-9166 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES | Candidate Name | WAGES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Melissa Kok | | Transaction ID: 60831.E3714 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006 |
| Mailing Address N6576 Canterbury Dr | | Amount of Each Disbursement this Period 1137.28 |
| City State Zip Code Fond Du Lac WI 54937-9166 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES & MILEAGE | Candidate Name | WAGES & MILEAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Pat Mccann | | Transaction ID: 60831.C36147IK Date of Disbursement MM / DD / YYYY 07 / 10 / 2006 |
| Mailing Address 209 F St NE | | Amount of Each Disbursement this Period 425.00 |
| City State Zip Code Washington DC 20002-4928 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement RECEPTION FOOD/BEVERAGES | Candidate Name | IN KIND: RECEPTION FOOD/B- EVERAGES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2520.51 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Paul Meyer | | Transaction ID: 60831.E3684 Date of Disbursement 07 / 10 / 2006 | |
| Mailing Address 2107 Doty St | | Amount of Each Disbursement this Period 166.23 | |
| City Oshkosh State WI Zip Code 54902-7042 | Purpose of Disbursement WAGES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type WAGES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mineral Springs | | Transaction ID: 60831.E3698 Date of Disbursement 07 / 13 / 2006 | |
| Mailing Address 3027 Jackson St | | Amount of Each Disbursement this Period 29.40 | |
| City Oshkosh State WI Zip Code 54901-1203 | Purpose of Disbursement OFFICE SUPPLIES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type OFFICE SUPPLIES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Tonia Nebl | | Transaction ID: 60831.E3685 Date of Disbursement 07 / 10 / 2006 | |
| Mailing Address 267 Willow Creek Rd | | Amount of Each Disbursement this Period 1165.85 | |
| City Rosendale State WI Zip Code 54974-9631 | Purpose of Disbursement WAGES & MILEAGE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type WAGES & MILEAGE | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1361.48 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tonia Nebl | | Transaction ID: 61011.E3993 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address 267 Willow Creek Rd | | Amount of Each Disbursement this Period 757.13 |
| City Rosendale State WI Zip Code 54974-9631 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement MILEAGE & WAGES | Candidate Name | MILEAGE & WAGES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Tonia Nebl | | Transaction ID: 60831.E3719 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 |
| Mailing Address 267 Willow Creek Rd | | Amount of Each Disbursement this Period 923.44 |
| City Rosendale State WI Zip Code 54974-9631 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES | Candidate Name | WAGES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Wegners Office Supply | | Transaction ID: 60831.E3722 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 |
| Mailing Address 15-17 Court Street | | Amount of Each Disbursement this Period 962.30 |
| City Fond du Lac State WI Zip Code 54935- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement OFFICE SUPPLIES | Candidate Name | OFFICE SUPPLIES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2642.87 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Steinert Printing | | Transaction ID: 60831.E3699 Date of Disbursement 07 / 13 / 2006 |
| Mailing Address 1465 S. Washington St. | | Amount of Each Disbursement this Period 995.40 |
| City Oshkosh State WI Zip Code 54904- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement PRINTING | Category/ Type | PRINTING |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. WI Dept. of Revenue | | Transaction ID: 60831.E3692 Date of Disbursement 07 / 13 / 2006 |
| Mailing Address PO Box 9391 | | Amount of Each Disbursement this Period 10.00 |
| City Madison State WI Zip Code 53708- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TAX | Category/ Type | TAX |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. WI Dept. of Revenue | | Transaction ID: 60831.E3710 Date of Disbursement 07 / 26 / 2006 |
| Mailing Address PO Box 9391 | | Amount of Each Disbursement this Period 711.90 |
| City Madison State WI Zip Code 53708- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TAXES | Category/ Type | TAXES |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1717.30 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Fond du Lac Rotary | | Transaction ID: 60831.E3721 Date of Disbursement 08 / 21 / 2006 | |
| Mailing Address PO Box 182 | | Amount of Each Disbursement this Period 402.00 | |
| City Fond Du Lac State WI Zip Code 54936-0182 | Purpose of Disbursement DUES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DUES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Royal Ridges of Ripon | | Transaction ID: 60831.E3700 Date of Disbursement 07 / 13 / 2006 | |
| Mailing Address PO Box 367 | | Amount of Each Disbursement this Period 2217.50 | |
| City Ripon State WI Zip Code 54971-0367 | Purpose of Disbursement RECEPTION EXPENSE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | RECEPTION EXPENSE | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mary Schmidt | | Transaction ID: 60831.E3683 Date of Disbursement 07 / 10 / 2006 | |
| Mailing Address 57 Woodland Ave | | Amount of Each Disbursement this Period 72.94 | |
| City Fond Du Lac State WI Zip Code 54935-5749 | Purpose of Disbursement MILEAGE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MILEAGE | |

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| SUBTOTAL of Disbursements This Page (optional) | 2692.44 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mary Schmidt | | Transaction ID: 60831.E3707 Date of Disbursement 07 / 26 / 2006 |
| Mailing Address 57 Woodland Ave | | Amount of Each Disbursement this Period 81.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-5749 | Purpose of Disbursement MILEAGE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MILEAGE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service | | Transaction ID: 60831.E3709 Date of Disbursement 07 / 26 / 2006 |
| Mailing Address | | Amount of Each Disbursement this Period 59.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Kansas City MO 64999-0001 | Purpose of Disbursement TAXES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TAXES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Staples Office Superstore | | Transaction ID: 60831.E3691 Date of Disbursement 07 / 13 / 2006 |
| Mailing Address 835 W Johnson St | | Amount of Each Disbursement this Period 43.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-8297 | Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE SUPPLIES |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 184.69 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Staples Office Superstore | | Transaction ID: 60831.E3725 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 |
| Mailing Address 835 W Johnson St | | Amount of Each Disbursement this Period 29.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Fond Du Lac WI 54935-8297 | Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE SUPPLIES |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mcbee Systems | | Transaction ID: 60831.E3694 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 4270 | | Amount of Each Disbursement this Period 216.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Athens OH 45701-4270 | Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE SUPPLIES |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Computer Troubleshooters | | Transaction ID: 60831.E3701 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6 |
| Mailing Address N10537 Ertl Rd | | Amount of Each Disbursement this Period 315.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code Lomira WI 53048-9415 | Purpose of Disbursement SERVICE FEE Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SERVICE FEE |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 560.95 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Division of Unemployment | | Transaction ID: 60831.E3711 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 |
| Mailing Address PO Box 7945 | | Amount of Each Disbursement this Period 119.37 |
| City Madison State WI Zip Code 53707-7945 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement UNEMPLOYMENT | Candidate Name | UNEMPLOYMENT |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Sadie Vander Velde | | Transaction ID: 60831.E3682 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address N8486 Pecan Ln | | Amount of Each Disbursement this Period 605.22 |
| City Saint Cloud State WI Zip Code 53079-1429 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES & MILEAGE | Candidate Name | WAGES & MILEAGE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sadie Vander Velde | | Transaction ID: 60831.E3702 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 |
| Mailing Address N8486 Pecan Ln | | Amount of Each Disbursement this Period 555.82 |
| City Saint Cloud State WI Zip Code 53079-1429 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement WAGES | Candidate Name | WAGES |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1280.41 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Sadie Vander Velde | | Transaction ID: 60831.E3716 Date of Disbursement 08 / 04 / 2006 | |
| Mailing Address N8486 Pecan Ln | | Amount of Each Disbursement this Period 555.82 | |
| City Saint Cloud State WI Zip Code 53079-1429 | Purpose of Disbursement WAGES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WAGES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sadie Vander Velde | | Transaction ID: 60831.E3720 Date of Disbursement 08 / 15 / 2006 | |
| Mailing Address N8486 Pecan Ln | | Amount of Each Disbursement this Period 555.82 | |
| City Saint Cloud State WI Zip Code 53079-1429 | Purpose of Disbursement WAGES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WAGES | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Clare Wettstein | | Transaction ID: 60831.E3708 Date of Disbursement 07 / 26 / 2006 | |
| Mailing Address 463 S Park Ave | | Amount of Each Disbursement this Period 381.09 | |
| City Fond du Lac State WI Zip Code 54935-5224 | Purpose of Disbursement MILEAGE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MILEAGE | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1492.73 |
| TOTAL This Period (last page this line number only) ▶ | 24212.13 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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NAME OF COMMITTEE (In Full)
Citizens for Tom Petri

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. NRCC | | Transaction ID: 60831.E3733 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 |
| Mailing Address 320 1st St SE | | Amount of Each Disbursement this Period 150000.00 |
| City Washington State DC Zip Code 20003-1838 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TRANSFER OF EXCESS FUNDS | | Category/ Type |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. NRCC | | Transaction ID: 60831.E3729 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address 320 1st St SE | | Amount of Each Disbursement this Period 39500.00 |
| City Washington State DC Zip Code 20003-1838 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement TRANSFER OF EXCESS FUNDS | | Category/ Type |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: |

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|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 189500.00 |
| TOTAL This Period (last page this line number only) | 189500.00 |