

**SPECIAL REPORT OF LATE CONTRIBUTION****CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION**

|  |   |
|--|---|
| Candidate/Committee/Individual Name<br>Anderson for Judge Campaign Committee | WSEB I.D. # (if assigned)<br>104157 <i>DM</i> |
| Address (Number, Street)<br>6330 Inner Drive                                 |   |
| City, State, Zip Code<br>Madison, WI 53705                                   | Telephone Number<br>608 821-4600              |

**CONTRIBUTOR INFORMATION** (See Instructions on Reverse Side of Form)

|   |   |
|---|---|
| Complete Name of Contributor<br>Michael S. Anderson   | Date of Contribution  |
| Address (Number and Street) of Contributor<br>5882 Timber Ridge Trail                                       | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br>\$15,000.00 cash loan<br>\$175.09 in-kind |
| City, State, Zip Code<br>Madison, WI 53711  |   |
| Occupation<br>Attorney  | Total Contribution(s) Received From Contributor Since Last Report \$                      |
| Name and Address of Principal Place of Employment<br>Axley Brynelson, LLP, P.O. Box 1767, Madison, WI 53703 |   |

|   |  |
|---|--|
| Complete Name of Contributor                      | Date of Contribution   |
| Address (Number and Street) of Contributor        | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.                         |
| City, State, Zip Code                             |  |
| Occupation  | Total Contribution(s) Received From Contributor Since Last Report \$ |
| Name and Address of Principal Place of Employment |  |

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| Address (Number and Street) of Contributor        | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.                         |
| City, State, Zip Code                             |  |
| Occupation  | Total Contribution(s) Received From Contributor Since Last Report \$ |
| Name and Address of Principal Place of Employment |  |

I, MICHAEL S. ANDERSON, certify that the information in this report is true, correct and complete.

(PRINT NAME)

*M S Anderson*

Signature of Candidate or Treasurer

3-19-03

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.12(5), 11.23(6), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 11.60, 11.61, 11.66, STATS.

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## SPECIAL REPORT OF LATE CONTRIBUTION

### CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

|  |   |
|--|---|
| Candidate/Committee/Individual Name<br>TDS Telecommunication Corporation PAC | WSEB I.D. # (if assigned)<br>501186 <i>DM</i> |
| Address (Number, Street)<br>P.O. Box 5158                                    |   |
| City, State, Zip Code<br>Madison, WI 53705                                   | Telephone Number<br>608/664-4155              |

### CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

|  |   |
|--|---|
| Complete Name of Contributor<br>James A. Bubar   | Date of Contribution<br>3/19/2003   |
| Address (Number and Street) of Contributor<br>17 Highgate Circle   | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br>\$ 500.00                   |
| City, State, Zip Code<br>Madison, WI 53717   |   |
| Occupation<br>Vice President Customer Sales & Service  | Total Contribution(s) Received From Contributor Since Last Report \$ 500.00 |
| Name and Address of Principal Place of Employment<br>TDS Telecommunications P.O. Box 5158, Madison, WI 53705 |   |

|   |  |
|---|--|
| Complete Name of Contributor                      | Date of Contribution   |
| Address (Number and Street) of Contributor        | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br>\$                   |
| City, State, Zip Code                             |  |
| Occupation  | Total Contribution(s) Received From Contributor Since Last Report \$ |
| Name and Address of Principal Place of Employment |  |

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| Address (Number and Street) of Contributor        | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br>\$                   |
| City, State, Zip Code                             |  |
| Occupation  | Total Contribution(s) Received From Contributor Since Last Report \$ |
| Name and Address of Principal Place of Employment |  |

I, Andrew S. Petersen, certify that the information in this report is true, correct and complete.  
*(Signature)* 3/19/03  
 Signature of Candidate or Treasurer Date

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