

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

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

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor Michael S. Anderson	Date of Contribution 3/20/03
Address (Number and Street) of Contributor 5882 Timber Ridge Trail	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$353.35 in Kind
City, State, Zip Code Madison, WI 53711	Total Contribution(s) Received From Contributor Since Last Report \$15,75.09
Occupation Attorney	
Name and Address of Principal Place of Employment 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	Total Contribution(s) Received From Contributor Since Last Report \$
Occupation	
Name and Address of Principal Place of Employment	

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

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

M. Anderson
Signature of Candidate or Treasurer

3-21-03
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 <u>Joel Brennan</u>	WSEB I.D. # (if assigned) <u>10416904</u>
Address (Number, Street) <u>PO BOX 511537</u>	
City, State, Zip Code <u>Milwaukee WI 53203</u>	Telephone Number <u>414.481.2006</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Marie H. Kohler</u>	Date of Contribution <u>3-21-03</u>
Address (Number and Street) of Contributor <u>2734 E. Bradford Ave.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ <u>1000.00</u>
City, State, Zip Code <u>Milwaukee WI 53211</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>0</u>
Occupation <u>Writer / actor / Theater Producer</u>	
Name and Address of Principal Place of Employment <u>Self-employed</u>	

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

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

I, Joel Brennan, certify that the information in this report is true, correct and complete.
 (PRINT NAME)
Joel T. Brennan 3-21-03
 Signature of Candidate or Treasurer Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <i>Brunner For Justice - WI Supr Ct</i>	WSEB I.D. # (if assigned) <i>102289 OM</i>
Address (Number, Street) <i>PO Box 507</i>	
City, State, Zip Code <i>Rice Lake WI 54868</i>	Telephone Number <i>715-234-9400</i>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Mark O. Johnson</i>	Date of Contribution <i>3-19-03</i>
Address (Number and Street) of Contributor <i>104 Gerland Rd</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>2,500⁰⁰</i>
City, State, Zip Code <i>Rice Lake WI 54868</i>	
Occupation <i>CEO</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>2,500⁰⁰</i>
Name and Address of Principal Place of Employment <i>Rice Lake Weighing Systems 230 W Coleman St Rice Lake WI 54868</i>	

Complete Name of Contributor <i>Lemuel A Fraser</i>	Date of Contribution <i>3-19-03</i>
Address (Number and Street) of Contributor <i>5741 Elder Pl</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500⁰⁰</i>
City, State, Zip Code <i>Madison WI 53705</i>	
Occupation <i>Retired</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500⁰⁰</i>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <i>Michael Butera</i>	Date of Contribution <i>3-19-03</i>
Address (Number and Street) of Contributor <i>6214 Middleton Springs Dr</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500⁰⁰</i>
City, State, Zip Code <i>Middleton WI 53562</i>	
Occupation <i>WEAC Exec Director</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500⁰⁰</i>
Name and Address of Principal Place of Employment <i>WEAC PO Box 8003 Madison WI 53708</i>	

I, *Randy Krauthamer*, certify that the information in this report is true, correct and complete.

Randy Krauthamer *3-19-03*

Signature of Candidate or Treasurer Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name GABLEMAN FOR JUDGE	WSEB I.D. # (if assigned) 103914
Address (Number, Street) PO BOX 301/404 N. OAK STREET	
City, State, Zip Code GRANTSBURG, WI 54840	Telephone Number 715/689-3139

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor MICHAEL GABLEMAN	Date of Contribution 3/20/03
Address (Number and Street) of Contributor 22966 COUNTY ROAD Y	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 2,500.00
City, State, Zip Code GRANTSBURG, WI 54840	Total Contribution(s) Received From Contributor Since Last Report \$ 2,500.00
Occupation CIRCUIT JUDGE	
Name and Address of Principal Place of Employment BURNETT COUNTY, 7410 COUNTY ROAD K, SIREN, WI 54872	

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

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

I, NANCY NORENBURG, certify that the information in this report is true, correct and complete.

(PRINT NAME)

Nancy A. Norenberg
Signature of Candidate or Treasurer

3/21/03

Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>FRIENDS of JEFF PLALE</u>	WSEB I.D. # (if assigned) <u>103321 UM</u>
Address (Number, Street) <u>1404 - 18th AVE.</u>	
City, State, Zip Code <u>So. MILWAUKEE, WI 53172</u>	Telephone Number <u>414-764-5292</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>E. GLEN PORTER III</u>	Date of Contribution <u>3-19-03</u>
Address (Number and Street) of Contributor <u>1400 WOODLAWN CIR.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u>
City, State, Zip Code <u>ELM GROVE, WI 53122</u>	
Occupation <u>PRESIDENT</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u>
Name and Address of Principal Place of Employment <u>HIGHLAND MEMORIAL PARK 14875 W. GREENFIELD AVE. NEWBERLIN, WI 53151</u>	

Complete Name of Contributor <u>MEREDITH J. PETERSON</u>	Date of Contribution <u>3-19-03</u>
Address (Number and Street) of Contributor <u>7165 N. RIVER RD.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>1,000.-</u>
City, State, Zip Code <u>RIVER HILLS, WI 53217</u>	
Occupation <u>HOUSEWIFE</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>1,000.-</u>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>MILWAUKEE POLICE ASSN</u>	Date of Contribution <u>3-19-03</u>
Address (Number and Street) of Contributor <u>1840 N. FARWELL AVE. #400</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u>
City, State, Zip Code <u>MILWAUKEE, WI 53202</u>	
Occupation <u>PAC CONTRIB WSEB# 500117</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u>
Name and Address of Principal Place of Employment <u>CITY of MILWAUKEE</u>	

I, JOSEPHINE PLALE, certify that the information in this report is true, correct and complete.

Josephine Plale (PRINT NAME)
Signature of Candidate or Treasurer

3/19/03
Date

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3/21/03

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <i>Elect Reilly For Judge</i>	WSEB I.D. # (if assigned) <i>OM 103476</i>
Address (Number, Street) <i>W236 S4564 Whispering Hills Ct.</i>	
City, State, Zip Code <i>Waukesha, WI 53189-9772</i>	Telephone Number <i>549-8181</i>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Paul F. Reilly</i>	Date of Contribution <i>3.18.03</i>
Address (Number and Street) of Contributor <i>W236 S4564 Whispering Hills Ct</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <i>\$10,000.00</i>
City, State, Zip Code <i>Waukesha, WI 53189-9772</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report <i>\$10,000.00</i>
Name and Address of Principal Place of Employment <i>Hippenmeyer, Reilly & Mordie, 720 Clinton St., Waukesha, WI 53186</i>	

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	

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	

I, *Patricia E. Madden*, certify that the information in this report is true, correct and complete.

Patricia E. Madden
(PRINT NAME)
Signature of Candidate or Treasurer

March 19, 2003
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 CAR/PAC - Council of Auto & Truck Retail Political Action Committee		WSEB I.D. # (if assigned) 500053
Address (Number, Street) 150 E. Gilman Street, Suite A		
City, State, Zip Code Madison, WI 53703		Telephone Number 608-251-5577

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor Randy Romanoski		Date of Contribution 3/19/03
Address (Number and Street) of Contributor 2701 Washington Avenue		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500 (per phone call w/ treasurer)
City, State, Zip Code Sheboygan, WI 53081-6432		
Occupation Owner		Total Contribution(s) Received From Contributor Since Last Report \$
Name and Address of Principal Place of Employment Sheboygan Chrysler Center, 2701 Washington Avenue, Sheboygan, WI 53081		

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		

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		

I, Ronald C. Thorstad, certify that the information in this report is true, correct and complete.

Ronald C. Thorstad (PRINT NAME)
[Signature] Signature of Candidate or Treasurer
3/20/03 Date

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