

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

Candidate/Committee/Individual Name Anderson for Judge Campaign Committee	WSEB I.D. # (if assigned) 104157 DM
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 3/24/03
Address (Number and Street) of Contributor 5882 Timber Ridge Trail	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 34,500.00
City, State, Zip Code Madison, WI 53711	
Occupation Attorney	Total Contribution(s) Received From Contributor Since Last Report \$ 18,078.44
Name and Address of Principal Place of Employment Axley Brynerson, 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	

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

(PRINT NAME)

Signature of Candidate or Treasurer

3-24-03

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.

THIS FORM IS PRESCRIBED BY THE WISCONSIN STATE ELECTIONS BOARD, 132 EAST WILSON STREET, SUITE 200, MADISON, WI 53702 (608) 266-8005

FAXED

SPECIAL REPORT OF LATE CONTRIBUTION

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CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name Anderson for Judge Campaign Committee	WSEB I.D. # (if assigned) 104157
Address (Number, Street) 6330 Inner Drive	2003 MAR 24 AM 10:31 STATE OF WISCONSIN ELECTIONS BOARD
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 March 24, 2003
Address (Number and Street) of Contributor 5882 Timber Ridge Trail	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 2,550.00
City, State, Zip Code Madison, WI 53711	
Occupation Attorney	Total Contribution(s) Received From Contributor Since Last Report \$ 15,528.44
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	
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, MICHAEL ANDERSON, certify that the information in this report is true, correct and complete.

(PRINT NAME)

Signature of Candidate or Treasurer

Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Brennan</u>	WSEB I.D. # (if assigned) <u>104169 04</u>
Address (Number, Street) <u>Box 51537</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>Wisconsin Physician and Dentist Association PAC</u>	Date of Contribution <u>3/22/2003</u>
Address (Number and Street) of Contributor <u>104-3 Club House Drive</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Oregon WI 53575</u>	
Occupation <u>PAC</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Name and Address of Principal Place of Employment	

FAXED

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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MAR 23 PM 9:03
STATE OF WISCONSIN
ELECTIONS BOARD

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, Sheila M. Conroy, certify that the information in this report is true, correct and complete.

(PRINT NAME)

Signature of Candidate or Treasurer

Date

3/23/03

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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>Richard Mazess</i>	Date of Contribution <i>3-21-03</i>
Address (Number and Street) of Contributor <i>3534 Black Hawk Dr</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>1,000⁰⁰</i>
City, State, Zip Code <i>Madison WI 53705</i>	
Occupation <i>Chairman of Bone Care International</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>1,000⁰⁰</i>
Name and Address of Principal Place of Employment <i>1600 Aspen Commons Middleton WI 53562</i>	

Complete Name of Contributor <i>Lynde B Uihlein</i>	Date of Contribution <i>3-21-03</i>
Address (Number and Street) of Contributor <i>2635 N. Wahl Ave</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>1,000⁰⁰</i>
City, State, Zip Code <i>Milwaukee WI 53211</i>	
Occupation <i>Homemaker</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>1,000⁰⁰</i>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <i>Lee Cullen</i>	Date of Contribution
Address (Number and Street) of Contributor <i>5218 Knobs Rd</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500⁰⁰</i>
City, State, Zip Code <i>Ridgeway WI 53582</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500⁰⁰</i>
Name and Address of Principal Place of Employment <i>Self Employed</i>	

I, *Randy Krauthammer* (PRINT NAME), certify that the information in this report is true, correct and complete.

Randy Krauthammer 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 <i>Brunner For Justice - WI Supr Ct</i>	WSEB I.D. # (if assigned) <i>102289</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>Benjamin Proctor</i>	Date of Contribution <i>3-21-03</i>
Address (Number and Street) of Contributor <i>2209 Skeels Ave</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>595⁰⁰</i>
City, State, Zip Code <i>Eau Claire WI 54701</i>	
Occupation <i>Judge</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>595⁰⁰</i>
Name and Address of Principal Place of Employment <i>State of WI Eau Claire County Courthouse</i>	

Complete Name of Contributor <i>Thomas Guelzow</i>	Date of Contribution <i>3-21-03</i>
Address (Number and Street) of Contributor <i>703 5th Ave</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500⁰⁰</i>
City, State, Zip Code <i>Eau Claire WI 54703</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500⁰⁰</i>
Name and Address of Principal Place of Employment <i>Self Employed</i>	

Complete Name of Contributor <i>Toby Marcovich</i>	Date of Contribution <i>3-21-03</i>
Address (Number and Street) of Contributor <i>254 Albans Rd</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500⁰⁰</i>
City, State, Zip Code <i>Superior WI 54880</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500⁰⁰</i>
Name and Address of Principal Place of Employment <i>Self Employed</i>	

I, *Randy Krautkramer* (PRINT NAME), certify that the information in this report is true, correct and complete.

Randy Krautkramer *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 04</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>John Drogan</i>	Date of Contribution <i>3-22-03</i>
Address (Number and Street) of Contributor <i>824 Emilie St</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <i>\$ 1,000⁰⁰</i>
City, State, Zip Code <i>Green Bay WI 54301</i>	
Occupation <i>Business Owner</i>	Total Contribution(s) Received From Contributor Since Last Report \$ _____
Name and Address of Principal Place of Employment <i>Wisconsin Converting Inc. 1689 Morrow St Green Bay WI 54302</i>	

Complete Name of Contributor <i>Kevin Egan</i>	Date of Contribution <i>3-22-03</i>
Address (Number and Street) of Contributor <i>Stout Point Box 129</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <i>\$ 3,000⁰⁰</i>
City, State, Zip Code <i>Birchwood WI 54817</i>	
Occupation <i>Businessman</i>	Total Contribution(s) Received From Contributor Since Last Report \$ _____
Name and Address of Principal Place of Employment <i>Self Employed</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	

I, *Randy Krautkramer* (PRINT NAME), certify that the information in this report is true, correct and complete.

Randy Krautkramer Signature of Candidate or Treasurer *3-22-03* Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name Marc A. Hammer (Circuit Court Judge)	WSEB I.D. # (if assigned) 104152
Address (Number, Street) P.O. Box 743	
City, State, Zip Code Green Bay, WI 54305	Telephone Number (920) 336-5766

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor Local 400 C.O.P.E. Fund	Date of Contribution 02/13/2003
Address (Number and Street) of Contributor 1417 Cedar Street	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.00
City, State, Zip Code Green Bay, WI 54302	
Occupation WSEB ID#: 500330	Total Contribution(s) Received From Contributor Since Last Report \$ 500.00
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	

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, Gary J. Allen, certify that the information in this report is true, correct and complete.

Gary J. Allen
(PRINT NAME)
Signature of Candidate or Treasurer

03/21/2003

Date

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(608) 266-8005

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name ALEX PAUL FOR STATE SENATE	WSEB I.D. # (if assigned) 1041167 011
Address (Number, Street) PO BOX 505	
City, State, Zip Code SILVER POINT, WI 54481	
Telephone Number 715.342.5899	

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor ALEX PAUL	Date of Contribution 24 MARCH 2003
Address (Number and Street) of Contributor 916 RIVER RIDGE RD.	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 75,000.00
City, State, Zip Code WISCONSIN Rapids, WI 54494	Total Contribution(s) Received From Contributor Since Last Report \$ 75,000.00
Occupation ATTORNEY	
Name and Address of Principal Place of Employment BRADEN WELSH KUSHAK NEHESHEIM ATTORNEYS AT LAW 2ND WEST GRAND AVE. WISCONSIN Rapids, WI 54496	

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, **ALEX PAUL** (PRINT NAME), certify that the information in this report is true, correct and complete.
Alexander J. Paul 24 March 2003
Signature of Candidate or Treasurer: Date

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(608) 266-8005

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 OM</u>
Address (Number, Street) <u>1404-18th AVE.</u>	
City, State, Zip Code <u>So. MILW., WI 53172</u>	Telephone Number <u>414-764-5292</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>MEISLER ALLEN</u>	Date of Contribution <u>3/20/03</u>
Address (Number and Street) of Contributor <u>4970 COLD HARBOR DR.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u>
City, State, Zip Code <u>BIRMINGHAM, AL 35223</u>	
Occupation <u>EXECUTIVE</u>	
Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u>	
Name and Address of Principal Place of Employment <u>DAIRYLAND GREYHOUND PARK I94 @ HWY 158 KENOSHA, WI 53158</u>	

Complete Name of Contributor <u>HALLMAN, MICHAEL J.</u>	Date of Contribution <u>3/20/03</u>
Address (Number and Street) of Contributor <u>3500 BIRCHWOOD LANE</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u>
City, State, Zip Code <u>BIRMINGHAM, AL 35223</u>	
Occupation <u>EXECUTIVE</u>	
Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u>	
Name and Address of Principal Place of Employment <u>DAIRYLAND GREYHOUND PARK I94 @ HWY 158 KENOSHA, WI 53158</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	
Occupation	
Total Contribution(s) Received From Contributor Since Last Report \$ _____	
Name and Address of Principal Place of Employment	

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

Josephine Plale Signature of Candidate or Treasurer 3/20/03 Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

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

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor RICHARD CULLEN	Date of Contribution 3/21/03
Address (Number and Street) of Contributor 1706 PINE RIDGE	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.-
City, State, Zip Code JANESVILLE, WI 53545	
Occupation VICE-PRESIDENT	Total Contribution(s) Received From Contributor Since Last Report \$ 500.-
Name and Address of Principal Place of Employment J.P. CULLEN & SONS, INC. P.O. Box 1957 JANESVILLE, WI 53547	

Complete Name of Contributor MARK A. CULLEN	Date of Contribution 3/21/03
Address (Number and Street) of Contributor c/o J.P. CULLEN & SONS, INC.	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.-
City, State, Zip Code P.O. Box 1957 JANESVILLE, WI 53547	
Occupation PRESIDENT - J.P. CULLEN & SONS, INC	Total Contribution(s) Received From Contributor Since Last Report \$ 500.-
Name and Address of Principal Place of Employment J.P. CULLEN & SONS, INC. P.O. Box 1957 JANESVILLE, WI 53547	

Complete Name of Contributor DAVID J. CULLEN	Date of Contribution 3/21/03
Address (Number and Street) of Contributor 225 SINCLAIR ST.	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.-
City, State, Zip Code JANESVILLE, WI 53545	
Occupation VICE-PRESIDENT	Total Contribution(s) Received From Contributor Since Last Report \$ 500.-
Name and Address of Principal Place of Employment J.P. CULLEN & SONS, INC. P.O. Box 1957 JANESVILLE, WI 53547	

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

(PRINT NAME)
Josephine Plale
Signature of Candidate or Treasurer

3/21/03
Date

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