

# 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 Petershack</i>	Date of Contribution <i>3-26-03</i>
Address (Number and Street) of Contributor <i>307 Farwell Dr</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500<sup>00</sup></i>
City, State, Zip Code <i>Madison WI 53704</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500<sup>00</sup></i>
Name and Address of Principal Place of Employment <i>Axley Brynelson LLP PO Box 1767 Madison WI 53701</i>	

Complete Name of Contributor <i>Keith Clifford</i>	Date of Contribution <i>3-26-03</i>
Address (Number and Street) of Contributor <i>408 Virginia Terr</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500<sup>00</sup></i>
City, State, Zip Code <i>Madison WI 53705</i>	
Occupation <i>Attorney</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500<sup>00</sup></i>
Name and Address of Principal Place of Employment <i>Clifford &amp; Raihala SC. 44 East Mifflin Suite 44 Madison WI 53703</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      *3-26-03* 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

## SPECIAL REPORT OF LATE CONTRIBUTION

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## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Brennan</u>	WSEB ID # (if assigned) <u>104169</u>	2003 MAR 28 AM 11:04 <u>04</u>
Address (Number, Street) <u>P.O. Box 81537</u>		STATE OF WISCONSIN ELECTIONS BOARD
City, State, Zip Code <u>Milwaukee, WI 53203</u>	Telephone Number <u>481-2006</u>	

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

Complete Name of Contributor <u>SEIU Wisconsin State Council PAC</u>	Date of Contribution <u>3/27/03</u>
Address (Number and Street) of Contributor <u>250 E. Wisconsin St. 1275</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>\$ 500</u>
City, State, Zip Code <u>Milwaukee, WI 53202</u>	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 1000</u>
Occupation <u>PAC</u>	
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>SEIU Local 1 PAC</u>	Date of Contribution <u>3/27/03</u>
Address (Number and Street) of Contributor <u>250 E. Wisconsin Ave St. 1275</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>\$ 500</u>
City, State, Zip Code <u>Milwaukee, WI 53202</u>	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 500</u>
Occupation <u>PAC</u>	
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>Lucille Rosenberg M.D.</u>	Date of Contribution <u>3/28/03</u>
Address (Number and Street) of Contributor <u>3431 N. Lake Dr</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>\$ 500</u>
City, State, Zip Code <u>Milwaukee WI 53211</u>	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 500</u>
Occupation <u>Retired</u>	
Name and Address of Principal Place of Employment	

I, Joel Brennan, certify that the information in this report is true, correct and complete.

Joel T. Brennan 3-28-03  
Signature of Candidate or Treasurer Date

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EB-3 (Rev. 2/88) (Reformatted 11/99)

FAXED

FAXED

## 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</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>Nola Jane Brennan</u>	Date of Contribution <u>3-28-03</u>
Address (Number and Street) of Contributor <u>518 Montrose Ave</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>\$ 500.00</u>
City, State, Zip Code <u>Lafayette LA 70503</u>	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 500.00</u>
Occupation <u>Home-Maker</u>	
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	

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.

Joel T. Brennan 3-28-03  
Signature of Candidate or Treasurer Date

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# SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <b>Return Judge Flores Committee</b>	WSEB I.D. # (if assigned) <b>100986 OM</b>
Address (Number, Street) <b>523 N. GRAND, P.O. BOX 2167</b>	
City, State, Zip Code <b>WAUKESHA WI 53187</b>	Telephone Number <b>262. 544. 1202</b>

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

Complete Name of Contributor <b>NESS FLORES</b>	Date of Contribution <b>3.26.03</b>
Address (Number and Street) of Contributor <b>308 McCall St.</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <b>\$ 1,500.00</b>
City, State, Zip Code <b>WAUKESHA WI 53186</b>	
Occupation <b>ATTORNEY</b>	Total Contribution(s) Received From Contributor Since Last Report \$ <b>4,500.00</b>
Name and Address of Principal Place of Employment <b>FLORES &amp; REYES, 523 N GRAND AVE, WAUKESHA, WI 53186</b>	

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, \_\_\_\_\_, 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

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## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <b>Citizens for Hendrickson</b>	WSEB I.D. # (if assigned) <b>104172 01</b>
Address (Number, Street) <b>P.O. Box 5</b>	
City, State, Zip Code <b>Port Edwards, WI 54469</b>	Telephone Number <b>(715) 424-5488</b>

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

Complete Name of Contributor <b>El Lilly and Company</b>	Date of Contribution <b>3/26/03</b>
Address (Number and Street) of Contributor <b>Lilly Corporate Center</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <b>1,000.00</b>
City, State, Zip Code <b>Indianapolis, IN 46285</b>	
Occupation	Total Contribution(s) Received From Contributor Since Last Report \$ <b>-0-</b>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <b>Campaign Fund of Northwestern Mutual Life</b>	Date of Contribution <b>3/26/03</b>
Address (Number and Street) of Contributor <b>720 E Wisconsin Ave</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <b>500.00</b>
City, State, Zip Code <b>Milwaukee, WI 53202</b>	
Occupation	Total Contribution(s) Received From Contributor Since Last Report \$ <b>-0-</b>
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, **MARCIA Hendrickson**, certify that the information in this report is true, correct and complete.  
(PRINT NAME)  
**Marcia Hendrickson** **3/26/03**  
Signature of Candidate or Treasurer Date

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## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <b>JOHN P. HENKELMANN</b>	WSEB I.D. # (if assigned) <b>104163</b>
Address (Number, Street) <b>1951 1ST ST N</b>	03 MAR 28 AM 10:59
City, State, Zip Code <b>WISC. RAPIDS, WI 54494</b>	Telephone Number <b>715-421-8514</b>

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

Complete Name of Contributor <b>JOHN P. HENKELMANN (Candidate)</b>	Date of Contribution <b>3/26/03</b>
Address (Number and Street) of Contributor <b>1951 1ST ST N</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <b>960.00</b>
City, State, Zip Code <b>WISC. RAPIDS, WI 54494</b>	Total Contribution(s) Received From Contributor Since Last Report \$ <b>3,670.00</b>
Occupation <b>ASST. D.A.</b>	
Name and Address of Principal Place of Employment <b>WOOD COUNTY D.A. OFFICE, 400 MARKET ST. WISC. RAPIDS, WI 54495</b>	

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, JOHN P. HENKELMANN, certify that the information in this report is true, correct and complete.

John P. Henkel (PRINT NAME) 3/26/03  
Signature of Candidate or Treasurer Date

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# SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <b>Retain Judge Kendall Kelley</b>	WSEB I.D. # (if assigned) <b>104148</b> <i>OM</i>
Address (Number, Street) <b>PO Box 23900</b>	
City, State, Zip Code <b>Green Bay, WI 54305-3900</b>	Telephone Number <b>920-430-1400</b>

03 MAR 28 AM 10:58  
WISCONSIN ELECTIONS BOARD

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

Complete Name of Contributor <b>Corinna M. Eiden</b>	Date of Contribution <b>3/25/03</b>
Address (Number and Street) of Contributor <b>5609 Rwin Oaks Dr.</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <b>\$ 500.00</b>
City, State, Zip Code <b>De Pere, WI 5445</b>	
Occupation <b>Controller</b>	Total Contribution(s) Received From Contributor Since Last Report <b>\$ 500.00</b>
Name and Address of Principal Place of Employment <b>Hillcrest Homes De Pere, WI</b>	

Complete Name of Contributor <b>Robert Weyers</b>	Date of Contribution <b>3/25/03</b>
Address (Number and Street) of Contributor <b>3000 Autumn Leaves Cir.</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <b>\$ 500.00</b>
City, State, Zip Code <b>Green Bay, WI 54313</b>	
Occupation <b>Vice President</b>	Total Contribution(s) Received From Contributor Since Last Report <b>\$ 500.00</b>
Name and Address of Principal Place of Employment <b>Commercial Horizon Real Estate</b>	

Complete Name of Contributor <b>Jeffrey Weyers</b>	Date of Contribution <b>3/25/03</b>
Address (Number and Street) of Contributor <b>2131 Sweetwater Ct</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <b>\$ 500.00</b>
City, State, Zip Code <b>Green Bay, WI 54313</b>	
Occupation <b>President</b>	Total Contribution(s) Received From Contributor Since Last Report <b>\$ 500.00</b>
Name and Address of Principal Place of Employment <b>Commercial Horizon Real Estate</b>	

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

(PRINT NAME)

*Robert Atwell*

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>Retain Judge Kendall Kelley</u>	WSEB I.D. # (if assigned) <u>104148</u>
Address (Number, Street) <u>PO Box 23900</u>	
City, State, Zip Code <u>Green Bay, WI 54305</u>	Telephone Number <u>920-430-1400</u>

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

Complete Name of Contributor <u>Veronica Trafka</u>	Date of Contribution <u>3/25/03</u>
Address (Number and Street) of Contributor <u>2062 LeBrun Unit F</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.00</u>
City, State, Zip Code <u>De Pere, WI 54115</u>	
Occupation <u>President</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>600.00</u>
Name and Address of Principal Place of Employment <u>Royal St. Patrick Corp, De Pere, WI</u>	

Complete Name of Contributor <u>Daniel Ariens</u>	Date of Contribution <u>3/25/03</u>
Address (Number and Street) of Contributor <u>655 W. Ryan St.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.00</u>
City, State, Zip Code <u>Brillion, WI 54110</u>	
Occupation <u>Owner</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.00</u>
Name and Address of Principal Place of Employment <u>Ariens</u>	

Complete Name of Contributor <u>Matt Gamberding</u>	Date of Contribution <u>3/25/03</u>
Address (Number and Street) of Contributor <u>1590 Polo Run Terrace</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>750.00</u>
City, State, Zip Code <u>Green Bay, WI 54313</u>	
Occupation <u>Owner</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>750.00</u>
Name and Address of Principal Place of Employment <u>Mighty Lube, GB WI</u>	

I, Robert Atwey, certify that the information in this report is true, correct and complete.

(PRINT NAME)

Robert Atwey

Signature of Candidate or Treasurer

Date

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## SPECIAL REPORT OF LATE CONTRIBUTION

### CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <b>Ted Kraig for Assembly</b>	WSEB I.D. # (if assigned) <b>104174 DM</b>
Address (Number, Street) <b>2527 N. 56th</b>	
City, State, Zip Code <b>Milwaukee, WI 53210</b>	Telephone Number <b>414-873-6817</b>

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

Complete Name of Contributor <b>Steamfitters Local Union No. 401 PAC</b>	Date of Contribution <b>3/28/03</b>
Address (Number and Street) of Contributor <b>3300 S. 103rd St.</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <b>\$500.00</b>
City, State, Zip Code <b>Milwaukee, WI 53227</b>	
Occupation <b></b>	Total Contribution(s) Received From Contributor Since Last Report <b>\$500.00</b>
Name and Address of Principal Place of Employment <b></b>	

Complete Name of Contributor <b>Chris Abele</b>	Date of Contribution <b>3/28/03</b>
Address (Number and Street) of Contributor <b>1300 N. Prospect Avenue #421</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <b>\$500.00</b>
City, State, Zip Code <b>Milwaukee, WI 53202</b>	
Occupation <b>Philanthropist</b>	Total Contribution(s) Received From Contributor Since Last Report <b>\$500.00</b>
Name and Address of Principal Place of Employment <b>200 N. Jefferson, Suite 201 Milwaukee, WI 53202</b>	

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

I, **Stephanie Purvis**, certify that the information in this report is true, correct and complete.  
(PRINT NAME)  
**Stephanie Purvis** **3/28/03**  
Signature of Candidate or Treasurer Date

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# SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

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

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

Complete Name of Contributor <i>WEAC POLITICAL ACTION COMM</i>	Date of Contribution <i>3-27-03</i>
Address (Number and Street) of Contributor <i>P.O. Box 8003</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <i>\$ 1,000.-</i>
City, State, Zip Code <i>MADISON, WI 53708</i>	
Occupation <i>EDUCATION</i>	Total Contribution(s) Received From Contributor Since Last Report <i>\$ 1,000.-</i>
Name and Address of Principal Place of Employment <i>STATE of WIS.</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, JOSEPHINE PLALE, certify that the information in this report is true, correct and complete.

Josephine Plale (PRINT NAME)  
Signature of Candidate or Treasurer Date 3/27/03

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103267 RB

March 26, 2003

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03 MAR 28 PM 2:30

Wisconsin State Elections Board  
132 E. Wilson Street, Suite 200  
Madison, WI 53702

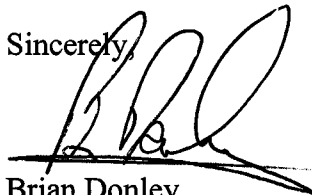
STATE OF WISCONSIN  
ELECTIONS BOARD

RE: Special Report of Late Contributions  
Judge Roggensack for Supreme Court  
1014 Hillside Avenue  
Madison, WI 53705  
233-4243  
WSEB ID No. 103267

Listed below are \$500+ contributions received since the closing date of the Pre-Primary Report ending March 17, 2003. These contributions will appear on the June 30, 2003 report.

Name/Address	CONTRIBUTION		
	Date	Amount	Total Rec'd Since Last Report
Daniel Gelatt 1408 King St. La Crosse, WI 54601 <u>Occupation</u> Business owner NMT Corporation 2004 Kramer St. La Crosse, WI 54603	3/25/03	\$500.00	\$500.00
Karen Kronman 905 Farwell Dr. Madison, WI 53704 Physician Dean Health Systems 1818 W. Beltline Highway Madison, WI 53713	3/25/03	\$500.00	\$500.00

Sincerely,



Brian Donley  
Treasurer