

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>Roger T Greenwald</i> | | Date of Contribution <i>3-27-03</i> |
| Address (Number and Street) of Contributor <i>6234 S. Highlands Ave</i> | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>2000⁰⁰</i> |
| City, State, Zip Code <i>Madison WI 53705</i> | | |
| Occupation <i>Semi-Retired from</i> | | Total Contribution(s) Received From Contributor Since Last Report \$ <i>2000⁰⁰</i> |
| Name and Address of Principal Place of Employment <i>Greenwald; Bassel Assoc. Inc. McLean Virginia</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, *Randy Krautkramer* (PRINT NAME), certify that the information in this report is true, correct and complete.

Randy Krautkramer *3-27-03*
 Signature of Candidate or Treasurer 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

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | |
|--|--|
| Candidate/Committee/Individual Name <u>Citizens for Hendrickson</u> | WSEB I.D. # (if assigned) <u>104172 011</u> |
| Address (Number, Street) <u>PO Box 5</u> | |
| City, State, Zip Code <u>Port Edwards, WI 54469</u> | Telephone Number <u>(715) 424-5488</u> |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|--|---|
| Complete Name of Contributor <u>Milwaukee Police Association</u> | Date of Contribution <u>3/28/03</u> |
| Address (Number and Street) of Contributor <u>1840 N Farwell Ave #400</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>4000.00</u> |
| City, State, Zip Code <u>Milwaukee, WI 53202</u> | |
| Occupation | Total Contribution(s) Received From Contributor Since Last Report \$ <u>-0-</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 | |
| 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, MARCIA Hendrickson (PRINT NAME), certify that the information in this report is true, correct and complete.
Marcia Hendrickson Signature of Candidate or Treasurer 3/28/03 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

Citizens for Hendrickson

Address (Include Zip Code)

PO Box 5

City, State, Zip Code

Madison, WI 53709

Union ID (If Applicable)

104172

04

Telephone Number

(608) 424-5465

CONTRIBUTOR INFORMATION

Contributor Name (If Contributor)

Blue Cross & Blue Shield of WI Conduit

Address (Include Zip Code)

401 W. Michigan St

City, State, Zip Code

Madison, WI 53203

Occupation

Name and Address of Principal Place of Employment

Date of Contribution

3/31/03

AMOUNT FOR CASH MARKET VALUE OF CONTRIBUTION

750

Total Contribution Received From

Contributor Class

Individual

Last Report

3/31/03

Complete Name of Contributor

Address (Include Zip Code)

City, State, Zip Code

Occupation

Name and Address of Principal Place of Employment

Complete Name of Contributor

Address (Include Zip Code)

City, State, Zip Code

Occupation

Name and Address of Principal Place of Employment

Date of Contribution

AMOUNT FOR CASH MARKET VALUE OF CONTRIBUTION

Total Contribution Received From

Contributor Class

Individual

Last Report

3/31/03

RECEIVED

RECEIVED
2003 MAR 31 PM 2:57
STATE OF WISCONSIN
ELECTIONS BOARD

James Hendrickson
James Hendrickson

I certify that the information on this report is true, correct and complete.

3/31/03

THE INFORMATION ON THIS FORM IS REQUIRED BY WISCONSIN LAWS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES IN WISCONSIN LAWS.

THIS FORM IS PROVIDED BY THE WISCONSIN STATE ELECTIONS BOARD, 10 EAST WASHINGTON STREET, MADISON, WISCONSIN 53703

FOR MORE INFORMATION, CALL 608-261-1234

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>P.O. Box 23900</u> | |
| City, State, Zip Code <u>Green Bay, WI 54306</u> | Telephone Number <u>920-430-1400</u> |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|--|---|
| Complete Name of Contributor <u>Mark Jadin</u> | Date of Contribution <u>3/27/03</u> |
| Address (Number and Street) of Contributor <u>130 Warren Ct.</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>1000.00</u> |
| City, State, Zip Code <u>Green Bay, WI 54301</u> | |
| Occupation <u>President</u> | Total Contribution(s) Received From Contributor Since Last Report \$ <u>1000.00</u> |
| Name and Address of Principal Place of Employment <u>Quality Insulators</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 | |

| | |
|---|--|
| 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, Robert Atacku (PRINT NAME), certify that the information in this report is true, correct and complete.

Signature of Candidate or Treasurer

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

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | |
|---|---|
| Candidate/Committee/Individual Name <u>Retain Judge Kendall Kelley</u> | WSEB I.D. # (if assigned) <u>104148</u> RECEIVED 03 MAR 31 AM 10:42 |
| Address (Number, Street) <u>PO Box 23900</u> | |
| City, State, Zip Code <u>Green Bay, WI 54306</u> | Telephone Number <u>920-430-1400</u> |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|---|--|
| Complete Name of Contributor <u>Jon Cornelissen</u> | Date of Contribution <u>3/28/03</u> |
| Address (Number and Street) of Contributor <u>1878 Old Valley Rd.</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.00</u> |
| City, State, Zip Code <u>De Pere, WI 54115</u> | |
| Occupation <u>Salesman</u> | Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.00</u> |
| Name and Address of Principal Place of Employment <u>Loon Lake Realty 752 Memorial Dr, GB WI 54303</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 | |

| | |
|---|--|
| 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, Robert Atwell (PRINT NAME), certify that the information in this report is true, correct and complete.
[Signature] 3/29/03
Signature of Candidate or Treasurer Date

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

03/31/03 11:45

PAUL

715 342 5503

PAUL 4 SENATE

715-423-4122

--- ALEX AND CAROLN

P. 1

001/001

FAXED**SPECIAL REPORT OF LATE CONTRIBUTION****RECEIVED**

2003 MAR 31 PM 1:43

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | | |
|--|--|---|
| Candidate/Committee/Individual Name Alex Paul for State Senate | | WSEB I.D. # (if assigned) 104167 UM |
| Address (Number, Street) PO Box 505 | | STATE OF WISCONSIN ELECTIONS BOARD |
| City, State, Zip Code Stevens Point, WI 54481 | | |
| Telephone Number 715-342-5099 | | |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | | |
|--|--|--|
| Complete Name of Contributor JUDITH M. Shibilski | | Date of Contribution MARCH 31, 2003 |
| Address (Number and Street) of Contributor 457 W. SCENIC CIRCLE | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 500.00 |
| City, State, Zip Code Stevens Point, WI 54481 | | |
| Occupation Self-employed Guide | | Total Contribution(s) Received From Contributor Since Last Report \$ 500.00 |
| Name and Address of Principal Place of Employment 457 W. SCENIC CIRCLE Stevens Point, WI 54481 | | |

| | | |
|---|--|--|
| 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 G. Paul (Signature of Candidate or Treasurer) **3/31/03** (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
 FD-1 (Rev. 2/85) (Reformatted 11/99)

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 CM-D</i> |
| Address (Number, Street) <i>1404-18th AVE.</i> | 03 MAR 31 AM 10:43 |
| 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>SCHREIBER ELAINE</i> | Date of Contribution <i>3/28/03</i> |
| Address (Number and Street) of Contributor <i>2700 S SHORE DR.</i> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500.-</i> |
| City, State, Zip Code <i>MILWAUKEE, WI 53207</i> | Total Contribution(s) Received From Contributor Since Last Report \$ <i>500.-</i> |
| Occupation <i>HOUSEWIFE</i> | |
| 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, *JOSEPHINE PLALE*, certify that the information in this report is true, correct and complete.
(PRINT NAME)
Josephine Plale *3/28/03*
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. 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>BRUCE A. or FRANCES JANCZAK</u> | Date of Contribution <u>3-28-03</u> |
| Address (Number and Street) of Contributor <u>W193 57949 ANCIENT OAKS DR.</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u> |
| City, State, Zip Code <u>MUSKEGO, WI 53150</u> | |
| Occupation <u>VICE-PRES.</u> | |
| Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u> | |
| Name and Address of Principal Place of Employment <u>ROMAN ELECTRIC CO. 640 S. 70th ST MILWAUKEE, WI 53214</u> | |

| | |
|---|---|
| Complete Name of Contributor <u>LARRY D. ROCOLE</u> | Date of Contribution <u>3-28-03</u> |
| Address (Number and Street) of Contributor <u>2445 HWY CC</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u> |
| City, State, Zip Code <u>HARTFORD, WI 53027</u> | |
| Occupation <u>VICE-PRESIDENT</u> | |
| Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u> | |
| Name and Address of Principal Place of Employment <u>J.P. CULLEN & SONS, INC 12805 W. BURLEIGH ST., BROOKFIELD, WI 53005</u> | |

| | |
|---|---|
| Complete Name of Contributor <u>DOUGLAS H. WAIT</u> | Date of Contribution |
| Address (Number and Street) of Contributor <u>404 SEMINOLE CT.</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.-</u> |
| City, State, Zip Code <u>JANESVILLE, WI 53545</u> | |
| Occupation <u>PROJECT MANAGER</u> | |
| Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.-</u> | |
| Name and Address of Principal Place of Employment <u>J.P. CULLEN & SONS, INC 12805 W. BURLEIGH ST., BROOKFIELD, WI 53005</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

3-28-03
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</u> |
| Address (Number, Street) <u>1404 - 18th AVE.</u> | |
| City, State, Zip Code <u>SO. MILWAUKEE, WI 53172</u> | Telephone Number <u>764-5192</u> |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|--|---|
| Complete Name of Contributor <u>NORBERT J. SCHMIDT</u> | Date of Contribution <u>3-28-03</u> |
| Address (Number and Street) of Contributor <u>N 5383 BUENA VISTA DR</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 500.-</u> |
| City, State, Zip Code <u>FOND DU LAC, WI 54935</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>WENNINGER CO. 16875 W. RYERSON RD NEW BERLIN, WI 53146</u> | |

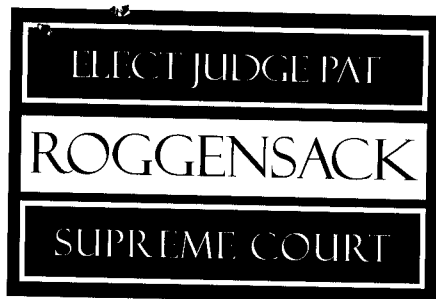
| | |
|--|--|
| Complete Name of Contributor | Date of Contribution |
| Address (Number and Street) of Contributor | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ _____ |
| City, State, Zip Code | |
| Occupation | |
| Total Contribution(s) Received From Contributor Since Last Report \$ _____ | |
|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

| | |
|--|--|
| 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.
(PRINT NAME)
Josephine Plale 3-28-03
Signature of Candidate or Treasurer Date

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 (608) 266-8005



OB-3

103267
dy

March 26, 2003

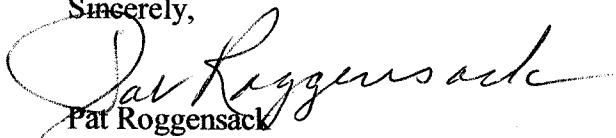
State Elections Board
132 East Wilson Street
Suite 300
Madison, WI 53702-0001

Re: WSEB ID No. 103267

Greetings:

On March 26, 2003, I loaned the Judge Roggensack for Supreme Court Committee \$30,000. I am employed as a judge on the Wisconsin Court of Appeals by the State of Wisconsin. I reside at 1014 Hillside Avenue, Madison, WI.

Sincerely,


Pat Roggensack

RECEIVED

03 MAR 31 PM 2:38

STATE OF WISCONSIN
ELECTIONS BOARD



March 27, 2003

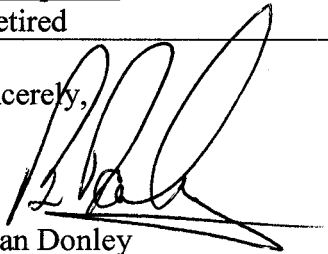
Wisconsin State Elections Board
132 E. Wilson Street, Suite 200
Madison, WI 53702

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

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 |
| Carl Kuehne 4479 Heritage Heights Rd. De Pere, WI 54115 <u>Occupation</u> Business owner American Foods Group 544 Acme St. Green Bay, WI 54308 | 3/26/03 | \$1,000.00 | \$1,000.00 |
| Walter Vollrath, Jr. 3217 North 6 th St. Sheboygan, WI 53083 <u>Occupation</u> Retired | 3/26/03 | \$500.00 | \$500.00 |

Sincerely,


Brian Donley
Treasurer

RECEIVED
03 MAR 31 PM 2:38
STATE OF WISCONSIN
ELECTIONS BOARD