Edgar Filing: MATHIESON DAVID - Form 4

MATHIESO	ON DAVID										
Form 4											
October 11,	2006										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
		DSTATE					IGE CO	DMMISSION	OMB	3235-0287	
Check th	his box		wa	snington	, D.C. 205	949			Number:	January 31,	
if no lon		MENT O	F CHAN	JGES IN	BENEFI	стат	OWN	FRSHIP OF	Expires:	2005	
subject to Section 16. STATEMENT OF CHAN				SECUI		CIII	200010		Estimated average		
Form 4 or			51001					burden hours pe response			
Form 5	Filed p	oursuant to	Section 1	6(a) of th	ne Securiti	es Ex	change	Act of 1934,		0.5	
obligation may cor		7(a) of the	Public U	tility Hol	ding Com	pany	Act of 1	1935 or Sectior	ı		
See Inst		30(h)	of the In	nvestment	t Company	/ Act	of 1940)			
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Reportin	ng Person *	2 Ianua		d Tielsen on T	Fradin	4	5. Relationship of	Reporting Pers	son(s) to	
1. Name and Address of Reporting Person *2. IssueMATHIESON DAVIDSymbol								Issuer			
			•	Y CORP	[BRC]						
(Last)	(First)	(Middle)		of Earliest T				(Check	c all applicable	:)	
(Last)	(11150)	(winduic)		Day/Year)	ransaction			Director	10%	Owner	
			10/11/2	-				XOfficer (give titleOther (specify			
							ł	below)	below) P & CFO		
(Street) 4.				andmant D	ata Original						
· · · · · · · · · · · · · · · · · · ·							6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 nea(mo	intil/Day/Tea	")			_X_ Form filed by O	ne Reporting Pe	erson	
MILWAUI	KEE, WI 53223						-	Form filed by M Person	ore than One Re	porting	
$(C;t_{T})$	(Stata)	(7 :n)									
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Da		1 ``						6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year	r) Execution any	on Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(1130. 5)		•	Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership	
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	A	or	Duites	(Instr. 3 and 4)	(mouter)		
Class A				Code V	Amount	(D)	Price				
Common	10/11/2006			J (1)	96.4373	А	\$	2,716.1184	D		
Stock				-		••	35.21	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
I O	Director	10% Owner	Officer	Other					
MATHIESON DAVID 6555 WEST GOOD HOPE F MILWAUKEE, WI 53223	RD.		VP & CFO						
Signatures									
/s/Barbara Bolens	10/11/2006								

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This transaction was a result of the employer's 401K payroll deduction

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.