

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Honadel For Assembly</u>	WSEB I.D. # (if assigned) <u>104183 CM</u>
Address (Number, Street) <u>1219 Manitoba Avenue</u>	
City, State, Zip Code <u>South Milw, WI 53172</u>	Telephone Number <u>414.764.0183</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Jude M. Werra</u>	Date of Contribution <u>7.15.03</u>
Address (Number and Street) of Contributor <u>14180 Providence Lane</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ <u>500</u>
City, State, Zip Code <u>Brookfield, WI 53005</u>	
Occupation <u>Consultant</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Name and Address of Principal Place of Employment <u>14180 Providence Lane, Brookfield WI 53005</u>	

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Occupation	Total Contribution(s) Received From Contributor Since Last Report \$
Name and Address of Principal Place of Employment	

I, Lisa Ross, certify that the information in this report is true, correct and complete.

[Signature] (PRINT NAME)
Signature of Candidate or Treasurer

7.15.03
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

For copies, contact the State Elections Board

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