

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Honadel For Assembly</u>	WSPR ID # if assigned <u>104183 011</u>
Address (Number, Street) <u>1219 Manitoba Avenue</u>	Telephone Number <u>(414) 221-0111</u>
City, State, Zip Code <u>South Milwaukee, WI 53172</u>	

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Keith Harenda</u>	Date of Contribution <u>7/17/03</u>
Address (Number and Street) of Contributor <u>20705 Brook Park Drive</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>500</u>
City, State, Zip Code <u>Brookfield, WI 53045</u>	
Occupation <u>President / Business Owner</u>	Total Contributions Received Contributor Since Last Report <u>500</u>
Name and Address of Principal Place of Employment <u>KPH Construction Co, 1237 W Bruce St Milwaukee, WI 53204</u>	

Complete Name of Contributor <u>Linda Harenda</u>	Date of Contribution <u>7/17/03</u>
Address (Number and Street) of Contributor <u>20705 Brook Park Drive</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>500</u>
City, State, Zip Code <u>Brookfield, WI 53045</u>	
Occupation <u>Homemaker</u>	Total Contributions Received Contributor Since Last Report <u>500</u>
Name and Address of Principal Place of Employment	

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2003 JUL 17 PM 12:33 STATE OF WISCONSIN ELECTIONS BOARD </div> <div style="margin-left: 20px;"> <p>Contributor</p> <p>Address (Number and Street) of Contributor</p> <p>City, State, Zip Code</p> <p>Name and Address of Principal Place of Employment</p> </div> </div>	<p style="font-size: 2em; font-weight: bold; text-align: center;">FAXED</p>	<p>Date of Contribution</p> <p>AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION</p> <p>Total Contributions Received</p> <p>Contributor Since</p> <p>Last Report</p>
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Lisa Koss
PRINTER
[Signature]
Signature of Candidate or Treasurer

I certify that the information in this report is true and correct.

7-17-03
Date

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name Friends of Molepske	WSEB I.D. # (if assigned) 104188 <i>MM</i>
Address (Number, Street) 1525 Church Street	
City, State, Zip Code Stevens Point, WI 54481	Telephone Number 715-340-2898


CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor WIS. PEOPLES CONF. 500380 EB, AFSCME COUNCILS AFL-CIO <i>40 e 48</i>	Date of Contribution 7/15/03
Address (Number and Street) of Contributor 8033 EXCELSIOR DRIVE, SUITE A	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.00
City, State, Zip Code MADISON, WI 53717-1903	
Occupation POLITICAL ACTION COMMITTEE	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, LOUIS JOHN MOLEPSKE, JR., certify that the information in this report is true, correct and complete.


 Signature of Candidate or Treasurer

7/16/03
 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

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Jackie Szechner</u>	WSEB I.D. # (if assigned) <u>103219</u> <u>DM</u>
Address (Number, Street) <u>751 Ramble Lane</u>	
City, State, Zip Code <u>Plomer, WI 54467</u>	Telephone Number <u>715-341-8860</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Friends of Steve Nass</u>	Date of Contribution <u>7/16/03</u>
Address (Number and Street) of Contributor <u>W8948 Willis Ray Rd.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 500.00</u> * * <u>to Apply to Repay Loan - 1996</u> Total Contribution(s) Received From <u>Jackie Szechner</u> Contributor Since <u>\$ 500.00</u> Last Report <u>\$</u>
City, State, Zip Code <u>Whitewater, WI 53190</u>	
Occupation <u>Assembly Representative</u>	
Name and Address of Principal Place of Employment <u>State of WI - Madison WI</u>	

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FAXED

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

I, Jackalyn L Szechner (PRINT NAME), certify that the information in this report is true, correct and complete.

Jackalyn L Szechner Date 7/16/03
 Signature of Candidate or Treasurer

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Fax 608-267-0500