

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name	WSEB I.D. # (if assigned)
Friends of Julie Lassa	
Address (Number, Street)	
PO Box 483	
City, State, Zip Code	Telephone Number
PLouer WI 54467	608 846-0335

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor	Date of Contribution
REALTORS PAC	4-16-03
Address (Number and Street) of Contributor	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.
4801 FOREST RUN RD STE 201	\$ 1,000.00
City, State, Zip Code	Total Contribution(s) Received From Contributor Since Last Report \$
Madison WI 53704	
Occupation	
Name and Address of Principal Place of Employment	

Complete Name of Contributor	Date of Contribution
PAUL J. ROGERS	4-16-03
Address (Number and Street) of Contributor	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.
1113 S LOCUST	\$ 500.00
City, State, Zip Code	Total Contribution(s) Received From Contributor Since Last Report \$
Marshfield WI 54449	
Occupation	
Theater Owner	
Name and Address of Principal Place of Employment	
Rogers Cinema PO Box 280 Marshfield WI 54449	

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, CATHEY LAHAYE, certify that the information in this report is true, correct and complete.
(PRINT NAME)
Cathy LaHaye 4-16-03
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

FAXED

SPECIAL REPORT OF LATE CONTRIBUTION

RECEIVED

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CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u>	WSEB I.D. # (if assigned) <u>2003 APR 18 PM 3:34 103147</u>
Address (Number, Street) <u>PO Box 483</u>	
City, State, Zip Code <u>Plover, WI 54467</u>	
STATE OF WISCONSIN ELECTIONS BOARD <u>715-342-0526</u>	

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Northwest United Educators Politically Active & Concerned</u>	Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>16 West John Street</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 4,000.00</u>
City, State, Zip Code <u>Rice Lake, WI 54868</u>	
Occupation	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 4,000.00</u>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>Wisconsin Bankers Association PAC</u>	Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>PO Box 8880</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 1,000.00</u>
City, State, Zip Code <u>Madison, WI 53708</u>	
Occupation	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 1,000.00</u>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>Wisconsin Credit Union League Legislative Action Fund</u>	Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>125 W 231st Paul Road</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 1,000.00</u>
City, State, Zip Code <u>Menomonee, WI 53072-5779</u>	
Occupation	Total Contribution(s) Received From Contributor Since Last Report <u>\$ 1,000.00</u>
Name and Address of Principal Place of Employment	

Julie Lassa (PRINT NAME), certify that the information in this report is true, correct and complete.

Julie M. Lassa Signature of Candidate or Treasurer 4-18-03 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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