

## SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u>		WSEB I.D. # (if assigned) <u>103147 04 OM</u>
Address (Number, Street) <u>PO Box 483</u>		
City, State, Zip Code <u>Placer, WI 54467</u>		Telephone Number <u>715-342-0526</u>

## CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>United Northeast Educators Political Action Committee</u>		Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>1136 N. Military Avenue</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 1000.00</u>
City, State, Zip Code <u>Green Bay, WI 54303</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>Bayland Political Action Committee</u>		Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>1136 N. Military Ave</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 1,000.00</u>
City, State, Zip Code <u>Green Bay, WI 54303</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>7th District Committee on Political Education</u>		Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>1227 Monroe St</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. <u>\$ 600.00</u>
City, State, Zip Code <u>Wausau, WI 54403-6546</u>		
Occupation		Total Contribution(s) Received From Contributor Since Last Report <u>\$ 600.00</u>
Name and Address of Principal Place of Employment		

Julie Lassa, certify that the information in this report is true, correct and complete.  
(PRINT NAME)  
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.  
THIS FORM IS PRESCRIBED BY THE WISCONSIN STATE ELECTIONS BOARD, 132 EAST WILSON STREET, SUITE 200, MADISON, WI 53702  
(88) 266-8005

# SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u>	WSEB I.D. # (if assigned)
Address (Number, Street) <u>PO Box 483</u>	
City, State, Zip Code <u>Platteville, WI 54467</u>	
Telephone Number <u>715-342-0526</u>	

## CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Wisconsin Education Association Council</u>	Date of Contribution <u>4-17-03</u>
Address (Number and Street) of Contributor <u>PO Box 8003</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	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	

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

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## SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u>		WSEB I.D. # (if assigned) <u>103147 040M</u>
Address (Number, Street) <u>PO Box 483</u>		
City, State, Zip Code <u>Plover, WI 54467</u>		Telephone Number <u>715-342-0526</u>

## CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>John C. Brosan</u>		Date of Contribution <u>4-18-03</u>
Address (Number and Street) of Contributor <u>824 Emilie Street</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>1,000.00</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>1,000.00</u>
Name and Address of Principal Place of Employment <u>Wisconsin Converting, 1689 Morrow St Green Bay, WI 54302</u>		

Complete Name of Contributor <u>Three Rivers United Educators PAC</u>		Date of Contribution <u>4-18-03</u>
Address (Number and Street) of Contributor <u>21 Lake Street</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.00</u>
City, State, Zip Code <u>Porterville, WI 53954</u>		
Occupation <u>OWNER</u>		Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.00</u>
Name and Address of Principal Place of Employment		

Complete Name of Contributor <u>Lakewood Uniserve Council Political Action</u>		Date of Contribution <u>4-18-03</u>
Address (Number and Street) of Contributor <u>13805 W. Burleigh Street</u>		AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500.00</u>
City, State, Zip Code <u>Brookfield, WI 53005</u>		
Occupation		Total Contribution(s) Received From Contributor Since Last Report \$ <u>500.00</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 Lassa Signature of Candidate or Treasurer  
4-18-03 Date

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Address (Number, Street) <i>PO Box 483</i>	
City, State, Zip Code <i>Plouer, WI 54467</i>	Telephone Number <i>715-342-0536</i>

## CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Senate Democratic Campaign Committee</i>	Date of Contribution <i>4-18-03</i>
Address (Number and Street) of Contributor <i>122 State Street</i>	
City, State, Zip Code <i>Madison, WI 53703</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <i>\$1,000.00</i>
Occupation <i>For - Campaign Consultation Fee</i>	(In-Kind)
Total Contribution(s) Received From Contributor Since Last Report <i>\$1,000.00</i>	
Name and Address of Principal Place of Employment	

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

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

(PRINT NAME)

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

Signature of Candidate or Treasurer

Date

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