

SPECIAL REPORT OF LATE CONTRIBUTION

ORIGINAL

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Fax rec. 7-21-03

Candidate/Committee/Individual Name <u>Harold For Assembly</u>	WSEB I.D. # (if assigned) <u>104183</u>
Address (Number, Street) <u>1219 Manitoba Avenue</u>	
City, State, Zip Code <u>So. Milw., WI 53172</u>	Telephone Number <u>447640183</u>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Spaeth, Mark J</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>245 W. Cherokee Circle</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Fox Point, WI 53224</u>	
Occupation <u>CPA</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Name and Address of Principal Place of Employment <u>Schenck Business Solutions, 1144 W. Park Place #200 Milw, WI 53224</u>	

Complete Name of Contributor <u>Casey Andringa</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>131 Harrogate Drive</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Waukesha, WI 53188</u>	
Occupation <u>Attorney, Self-Employed</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Name and Address of Principal Place of Employment <u>324 W. Broadway, Waukesha, WI 53187</u>	

Complete Name of Contributor <u>Pat Andringa</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>131 Harrogate Drive</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Waukesha, WI 53188</u>	
Occupation <u>Homemaker</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Name and Address of Principal Place of Employment	

I, Lisa Koss (PRINT NAME), certify that the information in this report is true, correct and complete.

Lisa Koss Signature of Candidate or Treasurer 7.19.03 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

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Horndel For Assembly</u>	WSEB I.D. # (if assigned) <u>104183</u>
Address (Number, Street) <u>1219 Manitoba Avenue</u>	
City, State, Zip Code <u>So. 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>Suend Heinisch</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>523 W26150 Canterbury Lane</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Waukesha, WI 53186</u>	
Occupation <u>Owner</u>	
Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>	
Name and Address of Principal Place of Employment <u>Thomas Press, 920 Friedman Drive, Waukesha, WI 53186</u>	

Complete Name of Contributor <u>Marion Heinisch</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>523 W26150 Canterbury Lane</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Waukesha, WI 53186</u>	
Occupation <u>Home Maker</u>	
Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>	
Name and Address of Principal Place of Employment	

Complete Name of Contributor <u>Dan Shepard</u>	Date of Contribution <u>7.19.03</u>
Address (Number and Street) of Contributor <u>2009 Melody Lane</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u>
City, State, Zip Code <u>Waukesha, WI 53186</u>	
Occupation <u>Barber</u>	
Total Contribution(s) Received From Contributor Since Last Report \$	
Name and Address of Principal Place of Employment <u>Waukesha State Bank, 100 Bank St, Waukesha, WI 53186</u>	

I, Lisa Koss (PRINT NAME), certify that the information in this report is true, correct and complete.

Lisa Koss Signature of Candidate or Treasurer 7.19.03 Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <i>Honadel for Assembly</i>	WSEB I.D. # (if assigned) <i>10A183</i>
Address (Number, Street) <i>1219 Manitoba Avenue</i>	
City, State, Zip Code <i>So. Milwaukee, WI 53172</i>	Telephone Number <i>414-714-0183</i>

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Don Taylor</i>	Date of Contribution <i>7-19-03</i>
Address (Number and Street) of Contributor <i>S23 W27100 Shanangii Lane</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500</i>
City, State, Zip Code <i>Waukesha, WI 53188</i>	
Occupation <i>Retired</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500</i>
Name and Address of Principal Place of Employment	

Complete Name of Contributor <i>Carol Taylor</i>	Date of Contribution <i>7-19-03</i>
Address (Number and Street) of Contributor <i>S23 W27100 Shanangii Lane</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500</i>
City, State, Zip Code <i>Waukesha, WI 53188</i>	
Occupation <i>Homemaker</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500</i>
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, *LISA KOSS* (PRINT NAME), certify that the information in this report is true, correct and complete.

[Signature] Signature of Candidate or Treasurer *7-19-03* Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name Friends of Molepske	WSEB I.D. # (if assigned) 104188 <i>JM</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 <i>WISCONSIN LABORERS' DISTRICT COUNCIL</i>	Date of Contribution
Address (Number and Street) of Contributor <i>2801 COHO ST, SUITE 202</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500.00</i>
City, State, Zip Code <i>MADISON, WI 53713</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500.00</i>
Occupation <i>PAC</i>	
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	Total Contribution(s) Received From Contributor Since Last Report \$
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. \$
City, State, Zip Code	Total Contribution(s) Received From Contributor Since Last Report \$
Occupation	
Name and Address of Principal Place of Employment	

I, LOUIS JOHN MOLEPSKE, JR. (PRINT NAME), certify that the information in this report is true, correct and complete.
Louis Molepske Jr. 7/20/03
 Signature of Candidate or Treasurer Date

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Candidate/Committee/Individual Name Friends of Molepske	WSEB I.D. # (if assigned) 104188 <i>AM</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 WI FEDERATION OF TEACHERS PAC ACCOUNT	Date of Contribution 7/18/03
Address (Number and Street) of Contributor 3645 MAYWOOD DR.	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 500.00
City, State, Zip Code EAU CLAIRE, WI 54703	
Occupation PAC	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. (PRINT NAME), certify that the information in this report is true, correct and complete.

Louis J. Molepske Jr. 7/19/03
Signature of Candidate or Treasurer Date

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