

MAILED

SPECIAL REPORT OF LATE CONTRIBUTION

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CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | | |
|--|--|--|
| Candidate/Committee/Individual Name Friends of Julie Lassa | | WSEB I.D. # (if assigned) 1031470M |
| Address (Number, Street) PO Box 483 | | STATE OF WISCONSIN ELECTIONS BOARD |
| City, State, Zip Code Plover WI 54467 | | Telephone Number 715-342-0526 |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | | |
|--|--|---|
| Complete Name of Contributor Capitol Area Uniserv North PAC | | Date of Contribution 4/22/03 |
| Address (Number and Street) of Contributor 4800 Ivy Wood Trail | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 500 |
| City, State, Zip Code McFarland 53558 | | |
| Occupation | | Total Contribution(s) Received From Contributor Since Last Report \$ 500 |
| Name and Address of Principal Place of Employment | | |

| | | |
|---|--|---|
| Complete Name of Contributor Michele Carrier | | Date of Contribution 4/22/03 |
| Address (Number and Street) of Contributor 307 Farwell Dr | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 1,000 |
| City, State, Zip Code Madison 53704 | | |
| Occupation President | | Total Contribution(s) Received From Contributor Since Last Report \$ 1,000 |
| Name and Address of Principal Place of Employment 307 Farwell Dr Madison WI 53704 | | |

| | | |
|--|--|---|
| Complete Name of Contributor Emery Harlan | | Date of Contribution 4/22/03 |
| Address (Number and Street) of Contributor 2010 LaChandelle Ct | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION \$ 500 |
| City, State, Zip Code Brookfield WI 53045 | | |
| Occupation Attorney | | Total Contribution(s) Received From Contributor Since Last Report \$ 500 |
| Name and Address of Principal Place of Employment Gonzalez, Saggio & Harlan LLP 225 East Michigan 4th Fl Milwaukee | | |

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

(PRINT NAME)

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

SPECIAL REPORT OF LATE CONTRIBUTION

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STATE OF WISCONSIN
ELECTIONS BOARD

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | | |
|--|--|---|
| Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u> | | WSEB I.D. # (if assigned) |
| Address (Number, Street) <u>P.O. 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>Building a better WI PAC</u> | | Date of Contribution <u>4/22/03</u> |
| Address (Number and Street) of Contributor <u>4868 High Crossing Blvd</u> | | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>500</u> |
| City, State, Zip Code <u>Madison WI 53704</u> | | |
| Occupation | | Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</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 | | |

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

(PRINT NAME)

Julie Lassa
Signature of Candidate or Treasurer

4/23/03
Date

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SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | |
|---|---|
| Candidate/Committee/Individual Name <u>FRIENDS of JEFF PLALE</u> | WSEB I.D. # (if assigned) <u>103321 0404</u> |
| Address (Number, Street) <u>1404-18th AVE.</u> | |
| City, State, Zip Code <u>So. MILWAUKEE, WI 53172</u> | Telephone Number <u>414-764-5292</u> |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|--|---|
| Complete Name of Contributor <u>DONALD A. PLALE</u> | Date of Contribution <u>4/23/03 (LOAN)</u> |
| Address (Number and Street) of Contributor <u>611 HILLCREST AVE</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>750.-</u> |
| City, State, Zip Code <u>So. MILW., WI 53172</u> | |
| Occupation <u>RETIRED</u> | |
| Total Contribution(s) Received From Contributor Since Last Report \$ _____ | |
| Name and Address of Principal Place of Employment | |

| | |
|--|---|
| Complete Name of Contributor <u>JOSEPHINE C. PLALE</u> | Date of Contribution <u>4/23/03 (LOAN)</u> |
| Address (Number and Street) of Contributor <u>611 HILLCREST AVE</u> | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>750.-</u> |
| City, State, Zip Code <u>So. MILW., WI 53172</u> | |
| Occupation <u>RETIRED</u> | |
| 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, JOSEPHINE C. PLALE, certify that the information in this report is true, correct and complete.
(PRINT NAME)
Josephine C. Plale 4-23-03
Signature of Candidate or Treasurer Date

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 (608) 266-8005

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

| | |
|--|--|
| Candidate/Committee/Individual Name Friends of Donna Rozar | WSEB I.D. # (if assigned) 103120 OM OM |
| Address (Number, Street) 1512 Arlington St. | |
| City, State, Zip Code Marshfield, WI 54449 | Telephone Number 715-387-2624 |

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

| | |
|--|---|
| Complete Name of Contributor 7th District Republican Party | Date of Contribution 4/21/03 |
| Address (Number and Street) of Contributor 120 W. Chippewa St. | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 1000.00 |
| City, State, Zip Code Cadott, WI 54727 | |
| Occupation Political Party Committee | Total Contribution(s) Received From Contributor Since Last Report \$ 0 |
| 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, **LEONARD W. MOORE**, certify that the information in this report is true, correct and complete.

Leonard W. Moore (PRINT NAME) **4-22-2003**
 Signature of Candidate or Treasurer Date

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