

## SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>Friends of Julie Lassa</u>	WSEB ID. # (if assigned) <u>103147</u>
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>IBEW - C.O.P.E.</u>	Date of Contribution <u>4/23/03</u>
Address (Number and Street) of Contributor <u>1125 15th Street N.W.</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <u>1,000</u>
City, State, Zip Code <u>Washington, DC 20005</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>1,000.</u>
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	

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ELECTIONS BOARD

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, Julie Lassa, certify that the information in this report is true, correct and complete.  
(PRINT NAME)  
Julie Lassa Signature of Candidate or Treasurer  
4/24/03 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 <b>Friends of Julie Lassa</b>	WSEB I.D. # (if assigned) <b>103147</b> <i>OM</i>
Address (Number, Street) <b>P.O. Box 483</b>	
City, State, Zip Code <b>Plover WI 54467</b>	Telephone Number <b>715-342-0526</b>

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

Complete Name of Contributor <b>Thrivent Financial for Lutherans Employee PAC</b>	Date of Contribution <b>4/24/03</b>
Address (Number and Street) of Contributor <b>P.O. Box 1892</b>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <b>500.00</b>
City, State, Zip Code <b>Appleton, WI 54912</b>	Total Contribution(s) Received From Contributor Since Last Report \$ <b>500.00</b>
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	

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City, State, Zip Code	Total Contribution(s) Received From Contributor Since Last Report \$
Occupation	
Name and Address of Principal Place of Employment	

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

**Julie Lassa** **4/24/03**  
Signature of Candidate or Treasurer Date

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