

PAID

SPECIAL REPORT OF LATE CONTRIBUTION

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2003 APR 28 AM 7:59

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <i>Friends of Julie Lassa</i>		WSEB ID # (if assigned) <i>103147</i>
Address (Number, Street) <i>P.O. Box 483</i>		
City, State, Zip Code <i>Placer WI 54467</i>		STATE OF WISCONSIN ELECTIONS BOARD
Telephone Number <i>715-342-0526</i>		

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Portage County Democratic Party</i>	Date of Contribution <i>4/24/03</i>
Address (Number and Street) of Contributor <i>P.O. Box 515</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <i>\$ 1,135.00</i>
City, State, Zip Code <i>Stevens Point WI 54481</i>	<i>In-Kind</i>
Occupation	Total Contribution(s) Received From Contributor Since Last Report \$ <i>1,135.00</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, *Julie Lassa*, certify that the information in this report is true, correct and complete.

Julie Lassa
Signature of Candidate or Treasurer

4/25/04
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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CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <u>LEND C. Taylor</u>	WSEB ID. # <u>104170</u>	DATE <u>APR 28</u> PM <u>2:55</u>
Address (Number, Street) <u>3428 W State Street</u>	STATE OF WISCONSIN ELECTIONS BOARD	
City, State, Zip Code <u>MILWAUKEE 53208</u>	Telephone Number <u>344-4529</u>	

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <u>Realtors Political Action Committee: RPAC-WI</u>	Date of Contribution <u>4/28/03</u>
Address (Number and Street) of Contributor <u>4801 Forest Run Road, Suite 1201</u>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION <u>\$ 5000</u>
City, State, Zip Code <u>MADISON, WI 53704</u>	Total Contribution(s) Received From Contributor Since Last Report \$ <u>500</u>
Occupation <u>realtor</u>	
Name and Address of Principal Place of Employment <u>NA</u>	

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

Dana Phillips (PRINT NAME)
Signature of Candidate or Treasurer

4/28/03
Date

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