

HAND DELIVERED

SPECIAL REPORT OF LATE CONTRIBUTION FOR CONDUITS

RECEIVED

Conduit Information

03 JUL 15 PM 2: 53

Conduit Name Alliant Energy Personal Contribution Account	WSES ID # STATE OF WISCONSIN ELECTIONS BOARD <i>8/11</i>
Address (Number, Street) 4902 N. Biltmore Lane, P.O. Box 77007	
City, State, Zip Code Madison, WI 53707-1007	Telephone Number 608/458-0525

Candidate Information

Complete Name of Candidate Committee Honadel for State Assembly	Date of Contribution 7/15/03
Address (Number, Street) 1219 Manitoba Avenue	Total Amount of Contribution \$ 500.00
City, State, Zip Code South Milwaukee, WI 53172	Total Contribution(s) to Candidate Since Last Report \$ 500.00

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

I, George A. Klaetsch certify that the information in this report is true, correct, and complete.

(Print Name)

George A. Klaetsch
Signature of Conduit Administrator

7/15/03

Date

The information on this form is required by ss. 11.06(11), 11.12(5), 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 E. Wilson St., Suite 200, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005, FAX: 608-267-0500.

SPECIAL REPORT OF LATE CONTRIBUTION FOR CONDUITS

HAND DELIVERED

RECEIVED
JUL 15 PM 2:38
STATE OF WISCONSIN
ELECTIONS BOARD

Conduit Information

Conduit Name MAJORITY GOP CONDUIT	WSEB I.D. # 900048 DM
Address (Number, Street) 148 E JOHNSON	
City, State, Zip Code MADISON, WI 53703	Telephone Number 608-257-4765

Candidate Information

Complete Name of Candidate Committee HONADEL FOR STATE ASSEMBLY	Date of Contribution 7/14/03
Address (Number, Street) 914 MILWAUKEE STREET	Total Amount of Contribution \$ 700.00
City, State, Zip Code SO. MILW, WI 53172	Total Contribution(s) to Candidate Since Last Report \$ 700.00

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

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

(Print Name)


Signature of Conduit Administrator

7/15/03
Date

The information on this form is required by ss. 11.06(11), 11.12(5), 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 E. Wilson St., Suite 200, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005, FAX: 608-267-0500.

SPECIAL REPORT OF LATE CONTRIBUTION FOR CONDUITS

Conduit Information

Conduit Name <i>Reactors Direct Giver Program</i>	WSEB I.D. # <i>9000100M</i>
Address (Number, Street) <i>4801 Forest Run Rd.</i>	
City, State, Zip Code <i>Madison, WI 53704</i>	Telephone Number <i>608-241-2047</i>

Candidate Information

Complete Name of Candidate Committee <i>Honadel for Assembly</i>	Date of Contribution <i>7-14-03</i>
Address (Number, Street) <i>1219 Manitoba Ave.</i>	Total Amount of Contribution \$ <i>1,625.00</i>
City, State, Zip Code <i>South Milwaukee WI 53122</i>	Total Contribution(s) to Candidate Since Last Report \$ <i>3,094.00</i>

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

Candidate Information

Complete Name of Candidate Committee	Date of Contribution
Address (Number, Street)	Total Amount of Contribution \$ _____
City, State, Zip Code	Total Contribution(s) to Candidate Since Last Report \$ _____

I, *James L. Hoff*, certify that the information in this report is true, correct, and complete.

(Print Name)

Signature of Conduit Administrator

Date

7-14-03

The information on this form is required by ss. 11.06(11), 11.12(5), 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 E. Wilson St., Suite 200, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005, FAX: 608-267-0500.

RECEIVED
 03 JUL 15 PM 10:10
 STATE OF WISCONSIN
 ELECTIONS BOARD

EB-4 for 900073- Waukesha Co D6P
SPECIAL REPORT OF LATE CONTRIBUTIONS SENT
Republican Party

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name <i>Honorable for Assembly</i>	WSEB I.D. # (if assigned) <i>900073014</i>
Address (Number and Street) <i>As Tim's Haven, 204 S. Webster St.</i>	
City, State, Zip Code <i>Port Washington, WI 53074</i>	Telephone Number

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor <i>Keith Narenda</i>	Date of Contribution <i>7.14.03</i>
Address (Number and Street) of Contributor <i>20705 Brook Park Dr.</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500.00</i>
City, State, Zip Code <i>Brookfield, WI 53045</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500.00</i>
Occupation <i>Business Owner</i>	
Name and Address of Principal Place of Employment <i>(Same as above)</i>	

Complete Name of Contributor <i>Linda Narenda</i>	Date of Contribution <i>7.14.03</i>
Address (Number and Street) of Contributor <i>20705 Brook Park Dr.</i>	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ <i>500.00</i>
City, State, Zip Code <i>Brookfield, WI 53045</i>	Total Contribution(s) Received From Contributor Since Last Report \$ <i>500.00</i>
Occupation <i>Homemaker</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	

RECEIVED
03 JUL 15 PM 2:56
STATE OF WISCONSIN
ELECTIONS BOARD

I, Patricia E. Madden, certify that the information in this report is true, correct and complete.
(PRINT NAME)
Patricia E. Madden for 7.14.03 WSEB No. 900073
Signature of Candidate or Treasurer Date
Republican Party of Waukesha Co. Direct Liners Program
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

EB-4 LATE

SPECIAL REPORT OF LATE CONTRIBUTION

CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

Candidate/Committee/Individual Name Honadel for Assembly	WSEB I.D. # (if assigned) 900069 DM
Address (Number, Street) 1219 Manitoba Ave	
City, State, Zip Code S Milwaukee WI 53712	Telephone Number

CONTRIBUTOR INFORMATION (See Instructions on Reverse Side of Form)

Complete Name of Contributor WPT-Conduit	Date of Contribution 7-10-03
Address (Number and Street) of Contributor 802 West Broadway, Suite 208	AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION. \$ 1000.00
City, State, Zip Code Madison WI 53713	
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	

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

Karen Oshman **7-14-03**

(PRINT NAME) Date

Signature of Candidate or Treasurer

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