

# SPECIAL REPORT OF LATE CONTRIBUTION

ORIGINAL

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

|  |  |
|--|--|
| Candidate/Committee/Individual Name<br><u>Honadel for Assembly</u> | WSEB I.D. # (if assigned)<br><u>104183</u> |
| Address (Number, Street)<br><u>1219 Manitoba Avenue</u>            |  |
| City, State, Zip Code<br><u>So. Milw, WI 53172</u>                 | Telephone Number<br><u>414-764-0183</u>    |

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

|   |   |
|---|---|
| Complete Name of Contributor<br><u>Mark T. Maranger</u>   | Date of Contribution<br><u>7-11-03</u>  |
| Address (Number and Street) of Contributor<br><u>2892 Forest Down</u>                             | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br><u>500.00</u><br><i>*refund of \$100 was mailed to contributor on 8/11/03</i> |
| City, State, Zip Code<br><u>Madison, WI 53711</u>   |   |
| Occupation<br><u>Madison Gas + Electric</u>   | Total Contribution(s) Received From Contributor Since Last Report \$ <u>600.00</u>  |
| Name and Address of Principal Place of Employment<br><u>133 South Blair St. Madison, WI 53701</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, Lisa Koss, certify that the information in this report is true, correct and complete.

Lisa Koss  
(PRINT NAME)  
 Signature of Candidate or Treasurer
 

7-11-03  
 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

# ORIGINAL SPECIAL REPORT OF LATE CONTRIBUTION

## CANDIDATE/COMMITTEE/INDIVIDUAL INFORMATION

|   |  |
|---|--|
| Candidate/Committee/Individual Name<br><b>Friends of Jackie Szehner</b> | WSEB I.D. # (if assigned)<br><b>103219</b> |
| Address (Number, Street)<br><b>751 Ramble Lane</b>                      |  |
| City, State, Zip Code<br><b>Plomer, WI 54467</b>                        | Telephone Number<br><b>715-341-8860</b>    |

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

|  |  |
|--|--|
| Complete Name of Contributor<br><b>State of WI - (Election Board) - General Operations</b> | Date of Contribution<br><b>7/10/03</b>   |
| Address (Number and Street) of Contributor<br><b>PO Box 2973</b>                           | AMOUNT OR FAIR MARKET VALUE OF CONTRIBUTION.<br><b>\$ 7,763.00</b>                   |
| City, State, Zip Code<br><b>Madison, WI 53701-2973</b>                                     |  |
| Occupation   | Total Contribution(s) Received From Contributor Since Last Report <b>\$ 7,763.00</b> |
| 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.<br>\$                   |
| 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.<br>\$                   |
| City, State, Zip Code                             |  |
| Occupation  | Total Contribution(s) Received From Contributor Since Last Report \$ |
| Name and Address of Principal Place of Employment |  |

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

\_\_\_\_\_  
Signature of Candidate or Treasurer

\_\_\_\_\_  
Date

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