

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:  Yes  No

Instructions for completing schedules are on the back of each schedule.

01 FEB - 11 AM 8:09

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Ray Allen*

Street Address

*26 Sumter Court*

City, State and Zip Code

*Madison, WI 53705*

OFFICE USE ONLY

WSEB ID Number: *CFA 10*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

**NAME OF REPORT**

January Continuing *2001*  Pre-Primary 20\_\_  Spring  Fall  Special

July Continuing 20\_\_  Pre-Election 20\_\_  Spring  Fall  Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

Audited Totals  
Office Use Only

A. Contributions including Loans from Individuals

\$ *900<sup>00</sup>*

\$ *900<sup>00</sup>*

\$ \$

B. Contributions from Committees (Transfers-In)

\$ *322<sup>22</sup>*

\$ *322<sup>22</sup>*

\$ \$

C. Other Income and Commercial Loans

\$ *-0-*

\$ *-0-*

\$ \$

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ *1222.22*

\$ *1222.22*

\$ \$

**2. DISBURSEMENTS**

A. Gross Expenditures

\$ *1904.93*

\$ *1904.93*

\$ \$

B. Contributions to Committees (Transfers-Out)

\$ *-0-*

\$ *-0-*

\$ \$

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$

\$

\$ *1904.93* \$ *1904.93*

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ *1760.25*

\$

Total Receipts

\$ *1222.25*

\$

Subtotal

\$ *2982.47*

\$ *2982.50*

Total Disbursements

\$ *1904.93*

\$

**CASH BALANCE END OF REPORT**

\$ *1077.54*

\$ *1077.57*

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period)

\$ *-0-*

\$

**LOANS** (Balance at the Close of This Period)

\$ *900.00*

\$

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer

*Linda Allen*

Signature of Candidate or Treasurer

*Linda Allen*

Date:

*2/2/01*

Daytime Phone:

*267-4283*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Contributions Including Loans From Individuals

Complete Committee Name  
*Friends of Ray Allen*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
12/30/2000	<i>Friends of Don Severson</i>		322.22	322.22
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit			Office Use <i>Contribution from Committee</i>
12/20/2000	<i>Ray Allen 26 Sumter Court Madison, WI</i>	<i>Candidate Dept. of Financial Institution 345 W. Washington Ave. Madison, WI</i>	900 <sup>00</sup>	900 <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1222.22

900

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1222.22

900

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ - 0 -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1222.22

900

**RECEIPTS  
Contributions from Committees  
(Transfers-In)**

Complete Committee Name  
*Friends of Ray Allen*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
<i>12/30/2000</i>	<i>Friends of Don Severson</i>	<i>322.22</i>	<i>322.22</i>	
	Check if: <input type="checkbox"/> In-Kind			
<i>/ /</i>				
	Check if: <input type="checkbox"/> In-Kind			
<i>/ /</i>				
	Check if: <input type="checkbox"/> In-Kind			
<i>/ /</i>				
	Check if: <input type="checkbox"/> In-Kind			
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	Check if: <input type="checkbox"/> In-Kind			
<i>/ /</i>				
	Check if: <input type="checkbox"/> In-Kind			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		<i>\$ 322.22</i>		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		<i>\$ 322.22</i>		

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name

*Friends of Ray Allen*

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
12/15/00	<i>Wells Prints &amp; Digital 3121 Watford Way Madison, WI</i>	<i>Print materials</i>	<i>550.<sup>00</sup></i>	
12/23/00	<i>US Postal Service</i>	<i>mailing</i>	<i>640.<sup>00</sup></i>	
12/28/00	<i>US Postal Service</i>	<i>mailing</i>	<i>714.93</i>	
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			<i>\$ 1904.93</i>	
<b>TOTAL ITEMIZED EXPENDITURES</b>			<i>\$ 1904.93</i>	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			<i>\$ -0-</i>	
<b>TOTAL EXPENDITURES</b>			<i>\$ 1904.93</i>	

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Complete Committee Name  
*Friends of Ray Allen*

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning of This Period	Cumulative Payments This Period	Outstanding Balance End of This Period			
Date <i>12/20/00</i>	Full Name, Mailing Address and ZIP Code of Loan Source <i>Ray Allen 26 Sumter Ct. Madison 53705</i>	<i>900<sup>00</sup></i>	<i>- 0 -</i>	<i>900<sup>00</sup></i>			
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						
Date	Full Name, Mailing Address and ZIP Code of Loan Source						
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						
Date	Full Name, Mailing Address and ZIP Code of Loan Source						
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer						
	Occupation						
	Amount Guaranteed Outstanding \$						

**SUBTOTAL OUTSTANDING LOANS THIS PAGE** \$ *900<sup>00</sup>*

**TOTAL OUTSTANDING LOANS** \$ *900<sup>00</sup>*