

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report An Amendment? Yes No

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

RECEIVED
CLERK OF COURSE
01 JUL 20 11 3:46

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Steve Holtzman

Street Address

105 Glen Hwy

City, State and Zip Code

Madison, WI 53705

OFFICE USE ONLY

Check if address is different than previously reported?

WSEB ID Number:

NAME OF REPORT

- January Continuing 19 ____
 Pre-Primary 19 ____
 Spring
 Fall
 Special
 Termination Report
 July Continuing 2001
 Pre-Election 19 ____
 Spring
 Fall
 Special

SUMMARY OF RECEIPTS AND DISBURSEMENT

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 625 ⁰⁰	\$ 875 ⁰⁰	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 625 ⁰⁰	\$ 875 ⁰⁰	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 165.56	\$ 268.56	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 50 ⁰⁰	\$ 75 ⁰⁰	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 215.56	\$ 343.56	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 514.89		\$
Total Receipts	\$ 625.00		\$
Subtotal	\$ 1139.89		\$
Total Disbursements	\$ 215.56		\$
CASH BALANCE END OF REPORT	\$ 924.33		\$
INCURRED OBLIGATIONS (Balance At The Close Of This Period)	\$ 0		\$
LOANS (Balance At The Close Of This Period)	\$ 0		\$

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 Treasurer or Candidate	Signature of Treasurer or Candidate	Date
Steve Holtzman	<i>Steve Holtzman</i>	7/20/01

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

Contributions Including Loans From Individuals

Complete Committee Name
Friends of Steve Holtzman

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
4/26/01	Norman Flynn 6209 Winnequah Rd Monona, WI 53716 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50 ⁰⁰	50 ⁰⁰ Office Use
4/26/01	John Fox Cherokee Park, Inc Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		25 ⁰⁰	25 ⁰⁰ Office Use
4/26/01	Lovvy Gleasman 1374 Williamson St Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		25 ⁰⁰	25 ⁰⁰ Office Use
4/26/01	Florence Roth 544 Hilltop Dr. Madison, WI 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		25 ⁰⁰	25 ⁰⁰ Office Use
5/25/01	Gouy Gorman 1244 S. Park St Madison, WI 53713 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	Developer Same	250 ⁰⁰	250 ⁰⁰ Office Use
5/29/01	Tom Ripple 3800 Regent St Madison, WI 53705 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	Rental Property Mgr Same	250 ⁰⁰	250 ⁰⁰ Office Use
1/1				Office Use
1/1				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 625 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 625 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 625 ⁰⁰	

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

SCHEDULE 2-B

Complete Committee Name
Friends of Steve Holtzman

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
4/30/01	Friends of Joe Parisi P.O. Box 3042 Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	50 ⁰⁰	50 ⁰⁰	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 50 ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 50 ⁰⁰		

Complete Committee Name
Friends of Steve Holtzman

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
4/12/01	Capital Station Postal Store Madison, WI 53703	Postage	20.40	
4/16/01	Lisa Veldvon - Council Office 210 MLK Jr. Blvd., #417 Madison, WI 53708	Council Luncheon	34.00	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 54.40	
TOTAL ITEMIZED EXPENDITURES			\$ 54.40	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 111.16	
TOTAL EXPENDITURES			\$ 165.56	