

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF CAROLE MCGUIRE

Street Address
502 GLENUVIEW DRIVE

City, State and Zip Code
MADISON, WI. 53716-3650

OFFICE USE ONLY

WSEB ID Number:

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	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$	\$	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$ 6.58	\$ 14.86	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 6.58	\$ 14.86	\$	\$
2. DISBURSEMENTS				
A. Gross Expenditures	\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$

CASH SUMMARY			
Cash Balance Beginning of Report	\$ 1,660.91		\$
Total Receipts	\$ 6.58		\$
Subtotal	\$ 1,667.49		\$
Total Disbursements	\$		\$
CASH BALANCE END OF REPORT	\$ 1,667.49		\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$		\$
LOANS (Balance at the Close of This Period)	\$ 2,000.00		\$

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 JAMES R. HERMAN	Signature of Candidate or Treasurer <i>James R. Herman</i>	Date: 1-16-01
		Daytime Phone: 222-6005

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.

RECEIPTS

Other Income and Commercial Loans

SCHEDULE 1-C

Complete Committee Name
FRIENDS OF CAROLE MCGUIRE

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Date	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
7-17-00 to 12-14-00	M+I BANK OF SOUTHERN WISCONSIN ONE WEST MAIN STREET MADISON, WISCONSIN	INTEREST ON CHECKING ACCOUNT	6.58	
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SUBTOTAL OTHER INCOME THIS PAGE			\$ 6.58	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$ 6.58	

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS OF CAROLE Mc GUIRE

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
11-20-84	Full Name, Mailing Address and ZIP Code of Loan Source CAROLE MCGUIRE 502 GLENVIEW DRIVE MADISON, WI, 53716	\$ 2,000.00	- 0 -	\$ 2,000.00
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 \$ 2,000.00

TOTAL OUTSTANDING LOANS \$ 2,000.00