

**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

HAMBLEN for CITY Council

Street Address

9 EASTBOURNE CIRCLE

City, State and Zip Code

MADISON WI 53717

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 20\_\_     Pre-Primary 20\_\_     Spring     Fall     Special  
 July Continuing 2001     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	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$	\$	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ - 0 -	\$	\$
<b>2. DISBURSEMENTS</b>				
A. Gross Expenditures	\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 2212.17	\$ 2212.17	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2206.85	difference in disbursement figures is \$5.32 in-kind disbursement. in the form of postage stamps. Balance is 0- and campaign is terminated.	\$
Total Receipts	\$ -		\$
Subtotal	\$ 2206.85		\$
Total Disbursements	\$ 2206.85		\$
<b>CASH BALANCE END OF REPORT</b>	\$ - 0 -		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period)	\$ - 0 -		\$
<b>LOANS</b> (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 Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
JOSEPH T. KRZOS	<i>Joseph T. Krzos</i>	7/14/01
		Daytime Phone: 608 827-6763

**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.

# DISBURSEMENTS

## Contributions To Committees (Transfers-Out)

**SCHEDULE 2-B**

Complete Committee Name  
HAMBLIN FOR CITY COUNCIL

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
4/10/01	FRICHS OF SKIDMORE C/O PAUL SKIDMORE 12 CORONADO CR MADISON WI 53705 Check if: <input type="checkbox"/> In-Kind	100.00	100.00	
4/10/01	HAMBLIN FOR SHERIFF 9 EASTBOURNE CIRCLE MADISON WI 53717 Check if: <input type="checkbox"/> In-Kind	2,106.85	2,106.85	
6/17/01	HAMBLIN FOR SHERIFF 9 EASTBOURNE CIRCLE MADISON WI 53717 Check if: <input checked="" type="checkbox"/> In-Kind POSTAGE STAMPS	5.32	2,112.17	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$ 2,212.17		
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$ 2,212.17		

**ADDITIONAL DISCLOSURE  
In-Kind Estimates**

Complete Committee Name  
**HAMBLIN for CITY COUNCIL**

**Estimated Value of In-Kind Contributions Received  
From Individuals and Committees**

**SCHEDULE 3-C**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" or "C"	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

**SCHEDULE 3-D**

**Estimated Value of In-Kind Contributions Given  
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only
4/17/01	HAMBLIN for SHERIFF 9 EASTBORNE CIRCLE MADISON WI 53717	POSTAGE STAMPS	\$ .32	\$ .32	

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
 HAMBLIN FOR CITY COUNCIL

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance has been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.

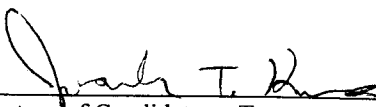
**DISPOSAL OF RESIDUAL FUNDS**  
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2A OR 2B.

Date	Recipient	Amount
4/10/01	FRIENDS OF SKIDMORE	100.00
4/10/01	HAMBLIN FOR SHERIFF	2106.85

**LOAN OR DEBT FORGIVENESS**  
 I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

  
 Signature of Candidate or Treasurer

7/14/01  
 Date