

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

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COMMITTEE IDENTIFICATION

Name of Committee
Friends of Roberta Kiesow

Street Address
4705 School Rd

City, State and Zip Code
Madison WI 53704

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 20*01* 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	\$ <i>6.26</i>	\$ <i>6.26</i>	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>6.26</i>	\$ <i>6.26</i>	\$	\$
2. DISBURSEMENTS				
A. Gross Expenditures	\$ <i>400.00</i>	\$ <i>400.00</i>	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>400.00</i>	\$ <i>400.00</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>792.89</i>	\$
Total Receipts	\$ <i>6.26</i>	\$
Subtotal	\$ <i>799.15</i>	\$
Total Disbursements	\$ <i>400.00</i>	\$
CASH BALANCE END OF REPORT	\$ <i>399.15</i>	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$	\$
LOANS (Balance at the Close of This Period)	\$	\$

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 <i>Roberta Kiesow</i>	Signature of Candidate or Treasurer <i>Roberta Kiesow</i>	Date: <i>7-20-01</i>
	Daytime Phone: <i>249 7809</i>	

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 Roberta Kleson

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

Date	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
7/19/01	WEA Credit Union	Interest	6.26	
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SUBTOTAL OTHER INCOME THIS PAGE	\$ 6.26	
TOTAL ITEMIZED OTHER INCOME	\$ 6.26	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$ —	
TOTAL OTHER INCOME	\$ 6.26	

Complete Committee Name
Friends of Roberta Kiesow

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Date	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/17/01 1/23/01	Paul Van Rooy 113 South of Rd Madison WI 53704	Campaign donation	200. ⁰⁰	
7/19/01 1/15/01	Dorothy Barchardt 1717 Elka Ln Madison WI 53704	Campaign donation	200. ⁰⁰	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 400. ⁰⁰	
TOTAL ITEMIZED EXPENDITURES			\$ 400. ⁰⁰	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 400. ⁰⁰	