

**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

MTI VOTERS

Street Address

821 WILLIAMSON ST

City, State and Zip Code

MADISON WI 53703-4503

OFFICE USE ONLY

WSEB ID Number: 500373

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 _____ Pre-Primary 01 Spring Fall Special
 July Continuing _____ Pre-Election _____ 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	\$ 5112.88	\$ 5112.88	\$	\$
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)	\$ 5112.88	\$ 5112.88	\$	\$

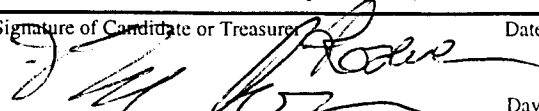
2. DISBURSEMENTS

A. Gross Expenditures	\$ 100.00	\$ 100.00	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 1000.00	\$ 1000.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1100.00	\$ 1100.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 10477.56		\$
Total Receipts	\$ 5112.88		\$
Subtotal	\$ 15590.44		\$
Total Disbursements	\$ 1100.00		\$
CASH BALANCE END OF REPORT	\$ 14490.44		\$
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 FREDERICK M. ROSEVEAR	Signature of Candidate or Treasurer 	Date: 2/12/01
		Daytime Phone: 257-0491

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: **MTI VOTERS**

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
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 5112.88*

*MTI MEMBERSHIP CONTRIBUTIONS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 5112.88

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name: **MTI VOTERS**

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
1/26/01	Wisconsin State Elections Board P.O. Box 2973 Madison WI 53701-2973	Filing Fee	100.00	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 100.00	
TOTAL ITEMIZED EXPENDITURES			\$ 100.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 100.00	

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
 MTI VOTERS

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
2/2/01	Friends of Teresa Tellez-Giron 1715 Madison Street Madison, WI 53711 Check if: <input type="checkbox"/> In-Kind	500.00	500.00	
2/2/01	Friends of Shwaw Vang 5108 Milwaukee Street Madison, WI 53714 Check if: <input type="checkbox"/> In-Kind	500.00	500.00	
/ /	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			
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 1000.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 1000.00		