

**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 Gary Poulson

Street Address

637 Charles Lane

City, State and Zip Code

Madison WI 53711

WSEB ID Number:

CFP 40

OFFICE USE ONLY

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

1. RECEIPTS

A. Contributions including Loans from Individuals

\$ *30*

\$ *80*

\$

\$

B. Contributions from Committees (Transfers-In)

\$

\$

\$

\$

C. Other Income and Commercial Loans

\$

\$

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ *30*

\$ *80*

\$

\$

2. DISBURSEMENTS

A. Gross Expenditures

\$

\$

\$

\$

B. Contributions to Committees (Transfers-Out)

\$

\$

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ *0*

\$ *0*

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ *103.62*

\$

Total Receipts

\$ *30.00*

\$

Subtotal

\$ *133.62*

\$

Total Disbursements

\$ *0*

\$

CASH BALANCE END OF REPORT

\$ *133.62*

\$

INCURRED OBLIGATIONS

\$

\$

(Balance at the Close of This Period)

LOANS (Balance at the Close of This Period)

\$ *500*

\$

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:

Gary Poulson

Gary Poulson

7/20/01

Daytime Phone: *266-7275*

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
Friends of Gary Poulson

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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
3/26/01	Amy Smith 104 Ash St Madison 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		30	30 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

\$ 30

TOTAL ITEMIZED CONTRIBUTIONS

\$ 30

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 30

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Gary Paulson

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		Outstanding Balance Beginning of This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
<i>7/26/11</i>	<i>Gary Paulson 637 Charles Ln</i>	<i>500</i>	<i>0</i>	<i>500</i>
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 \$

TOTAL OUTSTANDING LOANS \$