

**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
Committee to Elect Jim Schwall

Street Address
14 North 6th Street

City, State, and Zip Code
Madison WI 53704

12 13 17

OFFICE USE ONLY

WSEB ID Number: *CFS90*

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	\$ <i>745.50</i>	\$ <i>745.50</i>	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$ <i>15.21</i>	\$ <i>15.21</i>	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>760.71</i>	\$ <i>760.71</i>	\$	\$
2. DISBURSEMENTS				
A. Gross Expenditures	\$ <i>561.16</i>	\$ <i>561.16</i>	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>561.16</i>	\$ <i>561.16</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1723.69</i>	\$
Total Receipts	\$ <i>760.71</i>	\$
Subtotal	\$ <i>2484.40</i>	\$
Total Disbursements	\$ <i>561.16</i>	\$
CASH BALANCE END OF REPORT	\$ <i>1923.24</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>Evelyn F. Hirsch</i>	Signature of Candidate or Treasurer <i>Evelyn F. Hirsch</i>	Date: <i>7-11-01</i>
		Daytime Phone: <i>240 9601</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.

Contributions Including Loans From Individuals

Complete Committee Name

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
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 745.50	per telephone call 7/13/01
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 745.50	

RECEIPTS
Other Income and Commercial Loans

SCHEDULE 1-C

Complete Committee Name
Committee to Elect Jim Schwall

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Date	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
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SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$ 15.21	
TOTAL OTHER INCOME			\$ 15.21	

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Committee to Elect Jim Schwall

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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
1/9/01	Office Depot 4016 E Washington Madison WI 53704	Office supplies	44.01	
2/9/01	Postmaster	Postage	68.00	
3/11/01	Budget Signs 2803 University Madison WI 53705		358.70	Office Use per telephone call 7/13/01
4/25/01	Postmaster	Postage	68.45	
5/5/01	Harmony B + G 2201 Atwood Madison WI 53704	Food + beverage - meeting	22.00	
1/1				
1/1				
1/1				
1/1				

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 561.16

TOTAL ITEMIZED EXPENDITURES \$ 561.16

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 561.16