

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes     No

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

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

02 DEC 12 AM 8:22

**COMMITTEE IDENTIFICATION**

Name of Committee

ALLEN For Mayor

Street Address

P.O. Box 2171

City, State and Zip Code

MADISON WI 53701-2171

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\_\_     Pre-Election 20\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

|   | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date | Audited Totals<br>Office Use Only |    |
|---|-------------------------|--------------------------------------|-----------------------------------|----|
| A. Contributions including Loans from Individuals     | \$ 2090.08              | \$                                   | \$                                | \$ |
| B. Contributions from Committees (Transfers-In)       | \$                      | \$                                   | \$                                | \$ |
| C. Other Income and Commercial Loans                  | \$                      | \$                                   | \$                                | \$ |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C) | \$ 2090.08              | \$                                   | \$                                | \$ |

**2. DISBURSEMENTS**

|  |            |    |    |    |
|--|------------|----|----|----|
| A. Gross Expenditures                                  | \$ 2090.08 | \$ | \$ | \$ |
| B. Contributions to Committees (Transfers-Out)         | \$         | \$ | \$ | \$ |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 2090.08 | \$ | \$ | \$ |

**CASH SUMMARY**

|  |            |    |    |
|--|------------|----|----|
| Cash Balance Beginning of Report                                     | \$ 0       | \$ | \$ |
| Total Receipts   | \$ 2090.08 | \$ | \$ |
| Subtotal   | \$ 2090.08 | \$ | \$ |
| Total Disbursements  | \$ 2090.08 | \$ | \$ |
| <b>CASH BALANCE END OF REPORT</b>                                    | \$ 0       | \$ | \$ |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period) | \$         | \$ | \$ |
| <b>LOANS</b> (Balance at the Close of This Period)                   | \$         | \$ | \$ |

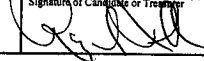
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 25 NOV 02

Raymond Allen



Daytime Phone:

261-7438

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

## Contributions Including Loans From Individuals

Complete Committee Name

Allen For Mayor

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 |
|--|---|---|----------|-----------------------------|
| 9/20/02  | Raymond Allen<br>26 Sumner Court  | Candidate   | 1800     |                             |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| //   |   |   |          | Office Use                  |
| <b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>     |   |   | \$ 1800- |                             |
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>                  |   |   | \$       |                             |
| <b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>   |   |   | \$       |                             |
| <b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b> |   |   | \$       |                             |

# RECEIPTS

## Contributions Including Loans From Individuals

Complete Committee Name

Allen For Mayor

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 |
|--|---|---|------------------|-----------------------------|
| 8/20/02  | DUANE McCORMY<br>2206 Aspen Dr  |   | 50 <sup>00</sup> | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Dorothy Carter<br>1626 Forestem Ave<br>Apt 201<br>Mad WI 53704              |   | 50 <sup>00</sup> | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Brenda Brown<br>6810 Harvest Hill Rd<br>Mad WI 53717                        |   | 50 <sup>00</sup> | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Anita Herrera<br>1914 Window Way<br>Mad WI 53704                            |   | 25 <sup>00</sup> | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | JOANN GR. PFAN<br>4822 ANNIVERSARY LANE<br>Mad WI 53704                     |   | 40 <sup>00</sup> | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Patricia Stanford<br>152 Lakewood Gardens<br>Mad WI 53704                   |   | 25 <sup>-</sup>  | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Beatrice Chatman<br>2013 Canterbury Rd<br>Mad WI 53711                      |   | 25 <sup>-</sup>  | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| 8/20/02  | Charles Sims<br>2714 Whitlock Rd<br>Mad WI 53719                            |   | 25               | Office Use                  |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit |   |                  |                             |
| <b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>     |   |   | \$ 280           |                             |
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>                  |   |   | \$               |                             |
| <b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>   |   |   | \$               |                             |
| <b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b> |   |   | \$               |                             |

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Allen for Mayor

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 |
|---|---|---------------------------------|-------------------|------------|
| Oct 7 02  | Liz Orella<br>5567 Bantary Lane # 4<br>Mad WI 53711                                   | Staff expense                   | 500 <sup>00</sup> |            |
| Oct 7 02  | Liz Orella<br>5567 Bantary Lane # 4   | Phone expense                   | 50 <sup>00</sup>  |            |
| Oct 20 02   | Liz Orella<br>5567 Bantary Lane # 4   | Staff expense                   | 500 <sup>-</sup>  |            |
| Sept 24 02  | Wells Printings<br>3721 Waterford Way<br>Mad WI                                       | Print materials                 | 500.08            |            |
| Sept 6 02   | Liz Orella<br>5567 Bantary Lane # 4<br>Mad WI 53711                                   | Staff expense                   | 250 <sup>00</sup> |            |
| 8 23 02   | Jurane McCrory<br>2206 Poppen Dr<br>Mad WI  | return Contribution             | 50 <sup>-</sup>   |            |
| 8 23 02   | Dorothy Carter<br>1626 Fordem Ave # 201<br>Mad WI                                     | Contribution return             | 50 <sup>00</sup>  |            |
| 8 23 02   | Brenda Brown<br>6810 Harvest Hill Rd<br>Mad WI 53717                                  | Contribution return             | 50 <sup>-</sup>   |            |
| 11  | Amita Herrera<br>1914 Wisdom Way<br>Mad WI  | Contribution return             | 25 <sup>-</sup>   |            |
| <b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>   |   |                                 | \$                |            |
| <b>TOTAL ITEMIZED EXPENDITURES</b>                |   |                                 | \$                |            |
| <b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b> |   |                                 | \$                |            |
| <b>TOTAL EXPENDITURES</b>                         |   |                                 | \$                |            |

DISBURSEMENTS  
Gross Expenditures

Complete Committee Name

Allen for Mayor

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 |
|--|---|---------------------------------|-----------|------------|
| 8/3/02                                     | JEANNE GR. PAIN<br>4822 ANNIVERSARY LAKE  | Contribution return             | 40.00     |            |
| 8/23/02                                    | PATRICIA STANFORD<br>152 LAKEWOOD GARDENS<br>MDEL                                     | Contribution return             | 25.00     |            |
| 8/23/02                                    | BEATRICE CHATMAN<br>2013 CANTERBURY CT<br>MDEL WI 53711                               | Contribution return             | 25        |            |
| 8/23/02                                    | CHARLES SIMS<br>2714 WHITE LOCKE RD<br>MDEL WI  | Contribution return             | 25        |            |
| 11   |   |                                 |           |            |
| 11   |   |                                 |           |            |
| 11   |   |                                 |           |            |
| 11   |   |                                 |           |            |
| 11   |   |                                 |           |            |
| 11   |   |                                 |           |            |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE   |   |                                 | \$2090.00 |            |
| TOTAL ITEMIZED EXPENDITURES                |   |                                 | \$        |            |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS |   |                                 | \$        |            |
| TOTAL EXPENDITURES                         |   |                                 | \$        |            |



## TERMINATION REQUEST

Complete Committee Name

Allen For Mayor

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

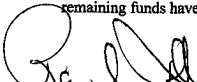
| Date | Recipient | Amount |
|------|-----------|--------|
|      |           |        |

## 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 |
|-----------|----------------------------------|--------|
| 25 Nov 02 | Raymond Allen                    | 1800   |

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

 25 Nov 2002  
 Date