

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes     No

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

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

02 DEC 26 PM 2:31

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends: Neighbors of Roger Allen*

Street Address

*1122 McLean Dr.*

City, State and Zip Code

*Madison WI 53718*

OFFICE USE ONLY

WSEB ID Number: *CE440*

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 2003     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**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

Audited Totals  
Office Use Only

**1. RECEIPTS**

A. Contributions including Loans from Individuals

\$ 5.00

\$

\$

\$

B. Contributions from Committees (Transfers-In)

\$ -

\$

\$

\$

C. Other Income and Commercial Loans

\$ -

\$

\$

\$

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

\$ 5.00

\$

\$

\$

**2. DISBURSEMENTS**

A. Gross Expenditures

\$ 285.30

\$

\$

\$

B. Contributions to Committees (Transfers-Out)

\$ 1499.34

\$

\$

\$

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

\$ 1784.64

\$

\$

\$

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 1779.64

\$

Total Receipts

\$ 5.00

\$

Subtotal

\$ 1784.64

\$

Total Disbursements

\$ 1784.64

\$

**CASH BALANCE END OF REPORT**

\$ 0

\$

**INCURRED OBLIGATIONS**

\$ 0

\$

(Balance at the Close of This Period)

\$ 0

\$

**LOANS** (Balance at the Close of This Period)

\$ 0

\$

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:

*Dennis L. Keno  
Treas*

*Dennis L. Keno*

*12/20/02*

Daytime Phone: *221-0469*

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

Friends of Neighbors of Roger Allen

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			
///				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
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///				Office Use
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///				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			

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$

**TOTAL ITEMIZED CONTRIBUTIONS**

\$

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$

5.00

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$

5.00



**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name

*Friends; Neighbors of Roger Allen*

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
10/30/02	<i>Pack 39 - Boy Scouts of America</i>	<i>850.00</i>	<i>850.00</i>	
	Check if: <input type="checkbox"/> In-Kind			
11/27/02	<i>Elvehjem School 5106 Academy Dr Madison, WI 53716</i>	<i>649.34</i>	<i>649.34</i>	
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$ <i>1499.34</i>		
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$ <i>1499.34</i>		

## SCHEDULE 4

## TERMINATION REQUEST

Complete Committee Name

Friends and Neighbors of Roger Allen

WSEB ID Number

CFA40

- 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
10-30-02	Pack 39 - Boy Scouts of America	850.00
11-27-02	Elvehjem Elementary School	649.34
7-20-02	Rural Mutual Ins.	285.30

## 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

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.

Dennis T. Brown, Treas.  
Signature of Candidate or Treasurer

12/20/02  
Date