

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

In This Report An Amendment? Yes No

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

RECEIVED CITY OF MADISON
CLERKS OFFICE

02 JUL 22 PM 2:26

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Steve Holtzman

Street Address

105 Glen Hwy

City, State and Zip Code

Madison, WI 53705

OFFICE USE ONLY

Check if address is different than previously reported?

WSEB ID Number:

NAME OF REPORT

- January Continuing 19 ____
 Pre-Primary 19 ____
 Spring
 Fall
 Special
 Termination Report
 July Continuing to 2002
 Pre-Election 19 ____
 Spring
 Fall
 Special

SUMMARY OF RECEIPTS AND DISBURSEMENT

	Column A This Period	Column B Calendar Year-To-Date	Auditor's Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$ 500.00	\$ 500.00	\$	\$
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)	\$ 500.00	\$ 500.00	\$	\$
2. DISBURSEMENTS				
A. Gross Expenditures	\$ 419.61	\$ 419.61	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$ 50.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 469.61	\$ 469.61	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 161.93	\$
Total Receipts	\$ 500.00	\$
Subtotal	\$ 661.93	\$
Total Disbursements	\$ 469.61	\$
CASH BALANCE END OF REPORT	\$ 192.32	\$
INCURRED OBLIGATIONS (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.

Print Name of Treasurer or Candidate	Signature of Treasurer or Candidate	Date
Steve Holtzman	<i>Steve Holtzman</i>	7/22/02

Note: The information on this form is required by §§ 11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of §§ 11.60, 11.61, Wis. Stats.

Contributions Including Loans From Individuals

Complete Committee Name
Friends of Steve Holtzman

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
6 29 02	Herman Holtzman 8591 Pld Sauk Rd Middleton, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	retired	250 ⁰⁰	Office Use
6 29 02	Barbara Holtzman 9501 Old Sauk Rd Middleton, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	retired	250 ⁰⁰	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use

SUBTOTAL REIMBUR CONTRIBUTIONS THIS PAGE

\$ 500⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 500⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 500⁰⁰

Complete Committee Name
Friends of Steve Holtzman

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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
4/16/02	Hilldale Station Post Office Madison, WI 53705-3210	Postage	28.91	
4/26/02	Democratic Party of Wisconsin 222 State St. Madison, WI 53703-2273	2002 Membership	20.00	
6/13/02	Pond Systems, Inc 3224 Kingsley Way Madison, WI 53713	Home printer repair	143.27	
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1/1				
1/1				
1/1				
1/1				

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 192.18

TOTAL ITEMIZED EXPENDITURES \$ 192.18

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 227.43

TOTAL EXPENDITURES \$ 419.61

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Steve Holtzman

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
6/20/02	Brian Blanchard for D.A, P.O. Box 5021 Madison, WI 53705 Check if: <input type="checkbox"/> In-Kind	50 ⁰⁰	50 ⁰⁰	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 50 ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 50 ⁰⁰		