

**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 JUL -8 PM 2: 27

COMMITTEE IDENTIFICATION

Name of Committee
BILL KEYS FOR SCHOOL BOARD

Street Address
2 N. ROCK RD.

City, State and Zip Code
MADISON, WI 53705

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 2002 Pre-Election 20__ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 50.00	\$ 50.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 50.00	\$ 50.00	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 50.00	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 50.00	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1181.01	\$
Total Receipts	\$ 50.00	\$
Subtotal	\$	\$
Total Disbursements	\$ 50.00	\$
CASH BALANCE END OF REPORT	\$ 1231.01	\$
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 WILLIAM C. KEYS (Candidate)	Signature of Candidate or Treasurer <i>William C. Keys</i>	Date: Daytime Phone: 238-8575
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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
BILL KEYS FOR SCHOOL BOARD

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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
1/8/02	THOMAS KOSLOVSKY 1139 PAULINO AVENUE MADISON 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25.00	25.00 Office Use
1/28/02	ANNA GASSMAN-PINES 427 E. 69TH ST. #50 NEW YORK, NY 10021 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25.00	50.00 Office Use
//				Office Use
//				Office Use
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//				Office Use
//				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 50.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 50.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 50.00