

**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

**PARKS FOR MAYOR**

Street Address

**1616 BEND ST**

City, State and Zip Code

**MADISON, WI 53715**

RECEIVED-CITY OF MADISON  
CLERKS OFFICE

02 JUL -1 PM 1:03

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 **2002**     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 This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 70. <sup>00</sup>	\$ 70. <sup>00</sup>	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 237. <sup>42</sup>	\$ 237. <sup>42</sup>	\$	\$
C. Other income and Commercial Loans	\$ —	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 307. <sup>42</sup>	\$ 307. <sup>42</sup>	\$	\$

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ —	\$ —	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ —	\$ —	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 0. <sup>00</sup>	\$ 0. <sup>00</sup>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 237. <sup>42</sup>	\$
Total Receipts	\$ 70. <sup>00</sup>	\$
Subtotal	\$ 307. <sup>42</sup>	\$
Total Disbursements	\$ 0. <sup>00</sup>	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 307. <sup>42</sup>	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period)	\$ 0. <sup>00</sup>	\$
<b>LOANS</b> (Balance at the Close of This Period)	\$ 0. <sup>00</sup>	\$

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

**PARKS FOR MAYOR**

Signature of Candidate or Treasurer

*Ligene Parks*

Date:

**6-27-02**

Daytime Phone: **(608) 257-0493**

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  
**PARKS 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
6/11/02	MICHAEL J. HANEN 1785 BAIRD ST MADISON, WI 53713 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Govt. Worker	50.00	50.00 Office Use
6/15/02	RODNEY KREUNEN MADISON, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Govt Worker	20.00	20.00 Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ 70.00

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 70.00

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

\$ 0.00

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ 70.00

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-in)**

Complete Committee Name

PARKS FOR MAYOR

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

Date	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
11	PARKS FOR COUNTY SUPP 116 BIRD ST MADISON, WI Check if: <input type="checkbox"/> In-Kind	237.42	237.42	
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		\$ 237.42		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		\$ 237.42		







**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name PARKS FOR MAYOR

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

Date	Full Name, Mailing Address and ZIP Code of Creditor	Outstanding Balance Beginning This Period	New Obligations This Period	Payment This Period	Outstanding Balance at Close of This Period	Office Use Only
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				
		Nature of Debt (Purpose):				

<b>SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE</b>	\$ 0.00
<b>TOTAL ITEMIZED OBLIGATIONS</b>	\$ 0.00
<b>TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS</b>	\$ 0.00
<b>TOTAL INCURRED OBLIGATIONS</b>	\$ 0.00

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Complete Committee Name PARKS FOR MAYOR

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

		Outstanding Balance Beginning of This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
\$				
		<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>		
		\$ 0.00		
		<b>TOTAL OUTSTANDING LOANS</b>		
		\$ 0.00		

**ADDITIONAL DISCLOSURE  
In-Kind Estimates**

Complete Committee Name

**PARKS FOR MAYOR**

**SCHEDULE 3-C**

**Estimated Value of In-Kind Contributions Received  
From Individuals and Committees**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "Y" or "N"	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only
	<b>NONE</b>					

**SCHEDULE 3-D**

**Estimated Value of In-Kind Contributions Given  
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only
	<b>NONE</b>				

**ADDITIONAL DISCLOSURE**  
**Contributions Returned to Contributor**

Complete Committee Name

PARKS FOR MAYOR

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
	<i>NONE</i>	
<b>SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS</b>		\$
<b>TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS</b>		\$
<b>TOTAL RETURNED CONTRIBUTIONS</b>		\$

SCHEDULE 3-F

**ADDITIONAL DISCLOSURE**  
**Contributions Donated to Charity or Common School Fund**

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
	<i>NONE</i>		
<b>SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS</b>			\$
<b>TOTAL DONATED CONTRIBUTIONS</b>			\$