

**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 19 PM 2:53

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF MATT SLOAN

Street Address
1209 GILSON STREET

City, State and Zip Code
MADISON, WI 53715

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*02* 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	\$ 0	\$ 0	\$	\$
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)	\$ 0	\$ 0	\$	\$
2. DISBURSEMENTS				
A. Gross Expenditures	\$ 24	\$ 24	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 24	\$ 24	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 71.65	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 71.65	\$
Total Disbursements	\$ 24.00	\$
CASH BALANCE END OF REPORT	\$ 47.65	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$ 0	\$
LOANS (Balance at the Close of This Period)	\$ 1050.00	\$

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 <i>MATT SLOAN</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>7/19/02</i>
		Daytime Phone: <i>265-4065</i>

NOTE: The information on this form is required by ss.11.00, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Matt Soban

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		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			
	MATT SOBAN, 1209 GILSON ST, MADISON, WI 53715	1050.00	0	1050.00
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 \$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 1050.00

TOTAL OUTSTANDING LOANS \$ 1050.00