

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes                     No

RECEIVED CITY OF MADISON  
CLERK'S OFFICE

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

02 AUG -2 11:11:02

**COMMITTEE IDENTIFICATION**

Name of Committee

FRIENDS OF BARBARA VEDDER

Street Address

1237 E. DAYTON ST

City, State and Zip Code

MADISON WI 53703

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**

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$ 0	\$ 0	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$
<b>2. DISBURSEMENTS</b>				
A. Gross Expenditures	\$ 4.00	\$ 4.00	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ 200.00	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 204.00	\$ 204.00	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 640.13	\$
Total Receipts	\$ —	\$
Subtotal	\$ 640.13	\$
Total Disbursements	\$ 204.00	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 436.13	\$
<b>INCURRED OBLIGATIONS</b>	\$ —	\$
(Balance at the Close of This Period)		
<b>LOANS</b> (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 CAROL WEIDEL Carol Weidel	Signature of Candidate or Treasurer Carol Weidel	Date: 8/2/02
		Daytime Phone: 267-9090

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.

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**FRIENDS OF BARBARA VEDDER**

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

Date	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1/31/02	FIRSTAR BANK	Bank Fee	2.00	
2/28/02	FIRSTAR BANK	Bank Fee	2.00	
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			\$ 4.00	
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$ 4.00	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			\$ —	
<b>TOTAL EXPENDITURES</b>			\$ 4.00	

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

Complete Committee Name  
**FRIENDS OF BARBARA VEDDER**

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
1/6/02	FRIENDS OF ECHINATON VEDDER 625 N.FRANCIS ST MADISON WI 53703 Check if: <input type="checkbox"/> In-Kind	\$50.00	\$ 50.00	
1/6/02	Kathleen Falk for Governor P.O. Box 8832 MADISON WI 53708-8832 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
1/10/02	MARK POCAN FOR ASSEMBLY P.O. BOX 1671 MADISON WI 53701 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
1/10/02	TAMMY BALDWIN For CONGRESS P.O. Box 696 MADISON WI 53701 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
1/10/02	FRIENDS OF SCOTT McCormick 413 S. Charter St. #1 MADISON WI 53715 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
2/7/02	FRIENDS OF TOM POWELL P.O. BOX 1136 MADISON WI 53701 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
2/27/02	Friends of Joe Lindstrom 7502 Westward Way #205 MADISON WI 53717 Check if: <input type="checkbox"/> In-Kind	25.00	25.00	
1/1	Full Name, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1/1	Full Name, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1/1	Full Name, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$	200.00	
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$	200.00	