

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Is This Report an Amendment: Yes No

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

01 JAN -9 PM 12:49

COMMITTEE IDENTIFICATION

Name of Committee:

GET REAL

Street Address:

1526 Golf View Rd #G

City, State and Zip Code:

Madison, WI 53704

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 Pre-Primary Spring Fall Special
 July Continuing Pre-Election 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

\$ 125.⁰⁰

\$ 3697.⁰⁰

B. Contributions from Committees (Transfers-In)

\$

\$

C. Other Income and Commercial Loans

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 125.⁰⁰

\$ 3697.⁰⁰

2. DISBURSEMENTS

A. Gross Expenditures

\$ 90.⁰⁰

\$ 3491.³³

B. Contributions to Committees (Transfers-Out)

\$ 205.⁶⁷

\$ 205.⁶⁷

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 295.⁶⁷

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 170.⁶⁷

Total Receipts

\$ 125.⁰⁰

Subtotal

\$ 295.⁶⁷

Total Disbursements

\$ 295.⁶⁷

CASH BALANCE END OF REPORT

\$ - 0 -

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

Kirby Brant, Treas.

Signature of Candidate or Treasurer

Kirby Brant

Date:

1-7-04

Daytime Phone: 608/249-0167

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
GET REAL

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
7/7/03	John Kavanaugh 1025 N. Sherman Ave Madison, WI 53704 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		75.00	75.00 Office Use
7/7/03	Kenneth Luedke 6225 Mineral Pl. Rd. Madison, WI 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Retired	50.00	450.00 Office Use
11	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
11	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
11	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
11	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
11	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
11	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 ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 125.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 125.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ -	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 125.00	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
GET REAL

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
7/7/03	Esquire Club 8025 N. Sherman Ave. Madison, WI 53704	Refreshments at election night party	75.00	
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1 1				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 75.00	
TOTAL ITEMIZED EXPENDITURES			\$ 75.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 15.00	
TOTAL EXPENDITURES			\$ 90.00	

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name

GET REAL

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
9/19/03	Get Real PAC 1526 Golf View Rd #G Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	200.00		
1/17/04	Same as above Check if: <input type="checkbox"/> In-Kind	5.67	205.67	
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
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
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
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 205.67		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 205.67		

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

GET REAL

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance has been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 4 FOR '04

Date	Recipient	Amount
9/19/03	Get Real PAC	200.00
1/7/04	Get Real PAC	5.67

LOAN OR DEBT FORGIVENESS

Check to forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.


 Signature of Candidate or Treasurer

 1-7-04
 Date