

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON  
CLERKS OFFICE  
03 JUL 21 PM 2:06

Is This Report an Amendment:     Yes     No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

*Hart for City Council*

Street Address

*5 Norway Maple Circle*

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 20\_\_     Pre-Primary 20\_\_     Spring     Fall     Special  
 July Continuing 20 *03*     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	\$ 450.00	\$ 1,175.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 300.00	\$	\$
C. Other Income and Commercial Loans	\$ 3.36	\$ 3.36	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 453.36	\$ 1,478.36	\$	\$

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 1,118.78	\$ 2,690.66	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,118.78	\$ 2,690.66	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 871.00	\$
Total Receipts	\$ 453.36	\$
Subtotal	\$ 1,324.36	\$
Total Disbursements	\$ 1,118.78	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 205.58	\$
<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 <i>Aaron J. Backer</i> Treasurer	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>7/21/03</i> Daytime Phone: <i>(608) 251-6211</i>
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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

Hart for City Council

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
3/24/03	Janet Aronson 79 Golf Parkway G Madison, WI 53704-7095 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$10.00	\$10.00 Office Use
3/24/03	Lenore Lussan 517 Luster Avenue Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
3/24/03	Chris Miller 9 Susan Circle Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
3/24/03	Barbara J. Thomas 4826 Starker Avenue Madison, WI 53716 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$100.00	\$100.00 Office Use
3/25/03	Barbara J. Best 4426 Westport Road Madison, WI 53704-1173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$10.00	\$10.00 Office Use
3/25/03	Clarence L. Sherrod 4614 Kennedy Road Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
3/25/03	Alden L. Ross 79 H Golf Parkway Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
3/25/03	Sheryl Billups 142-C S. Hancock Street Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$50.00	\$150.00 Office Use
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 270.00	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$ 0.00	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$	

**RECEIPTS**  
Contributions Including Loans From Individuals

Complete Committee Name  
Mort for City Council

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
3/21/03	Dorothy C. Wheeler 1639 Haas Street Madison, WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$100.00	\$100.00 Office Use
3/31/03	James E. Davis 5074 W. Toleno Lane Brown Deer, WI 53223  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
<del>2/11/03</del> 4/1/03 (18)	William C. Keys 2 North Rock Road Madison, WI 53705  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	\$25.00 Office Use
3/13/03	David T. Flanagan 2018 Yahara Pl@ce Madison, WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$30.00	\$30.00 Office Use
1 1	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
1 1	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
1 1	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
1 1	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
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 180.00	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$ 450.00	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$ 0.00	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$ 450.00	



