

Summer 2003

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.

03 JUL -7 PM 12:38

COMMITTEE IDENTIFICATION

Name of Committee: **BILL KEYS FOR SCHOOL BOARD**  
Street Address: **2 N. ROCK RD.**

OFFICE USE ONLY

City, State and Zip Code: **MADISON, WI 53705**

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

Column A  
This Period

Column B  
Calendar  
Year-To-Date

Audited Totals  
Office Use Only

I. RECEIPTS

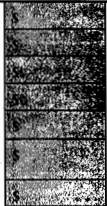
A. Contributions including Loans from Individuals	\$ 25.00	\$ 596.00	
B. Contributions from Committees (Transfers-In)	\$ —	\$ —	
C. Other Income and Commercial Loans	\$ —	\$ —	
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 25.00	\$ 596.00	

2. DISBURSEMENTS

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

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3683.81
Total Receipts	\$ 25.00
Subtotal	\$ 3708.81
Total Disbursements	\$ —
<b>CASH BALANCE END OF REPORT</b>	\$ 3708.81
<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 <b>BILL KEYS</b>	Signature of Candidate or Treasurer <i>Bill Keys</i>	Date: <b>7/7/03</b> Daytime Phone: <b>238-8575</b>
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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.

## Contributions Including Loans From Individuals

Complete Committee Name

Bill Keys FOR School Board

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
3/28/03	MAEKLIN RITZ 721 SENECA PLACE MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25.00	
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
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
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
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
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
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
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
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 25.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 25.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 25.00	