

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Roberta Kiesow

Street Address

4705 School Rd

City, State and Zip Code

Madison WI 53704

RECEIVED-CITY OF MADISON
CLERKS OFFICE

03 JUL 10 PM 12:31

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 Termination Report
also complete Schedule 4

July Continuing 20__ Pre-Election 20__ Spring Fall Special

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 | \$ | \$ | \$ | \$ |
| B. Contributions from Committees (Transfers-In) | \$ <i>200.00</i> | \$ | \$ | \$ |
| C. Other Income and Commercial Loans | \$ <i>42</i> | \$ <i>42</i> | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>42</i> | \$ <i>42</i> | \$ | \$ |

2. DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date | Audited Totals Office Use Only | |
|--|-------------------------|--------------------------------------|-----------------------------------|----|
| A. Gross Expenditures | \$ | \$ | \$ | \$ |
| B. Contributions to Committees (Transfers-Out) | \$ <i>200.00</i> | \$ <i>200.00</i> | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ <i>200.00</i> | \$ <i>200.00</i> | \$ | \$ |

CASH SUMMARY

| | | |
|--|------------------|----|
| Cash Balance Beginning of Report | \$ <i>258.09</i> | \$ |
| Total Receipts | \$ <i>42</i> | \$ |
| Subtotal | \$ <i>258.51</i> | \$ |
| Total Disbursements | \$ <i>200.00</i> | \$ |
| CASH BALANCE END OF REPORT | \$ <i>58.51</i> | \$ |
| INCURRED OBLIGATIONS (Balance at the Close of This Period) | \$ <i>00</i> | \$ |
| LOANS (Balance at the Close of This Period) | \$ <i>00</i> | \$ |

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

Signature of Candidate or Treasurer

Date:

Roberta Kiesow

Roberta Kiesow

Daytime Phone: *249-7809*

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

Contributions To Committees
(Transfers-Out)

Page ___ of ___

SCHEDULE 2-B

Complete Committee Name

Friends of Roberta Kiesow

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 |
|--|--|--|-----------------------------|------------|
| 10.03 | Friends of Paul Van Roy 113 South Rd. Madison WI 53704 Check if: <input type="checkbox"/> In-Kind | 200.00 For Pauls Campaign for Dist. 8 | 200.00 | |
| 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 |
| 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 | | \$ 200.00 | | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$ 200.00 | | |