

STATE OF WISCONSIN

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

RECEIVED CITY OF MADISON
CLERKS OFFICE

Name of Committee
Operating Engineers Local 139 PAC

03 FEB 10 PM 1:56

OFFICE USE ONLY

Street Address
4702 S. Biltmore Lane

City, State and Zip Code
Madison, WI 53718

WSEB ID Number: 500583

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 2003 Spring Fall Special
 July Continuing Pre-Election 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	\$ 7,500.00	\$ 7,500.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 7,500.00	\$ 7,500.00	\$	\$


2. DISBURSEMENTS

A. Gross Expenditures	\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 6,760.00	\$ 6,760.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 6,760.00	\$ 6,760.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,075.37	\$
Total Receipts	\$ 7,500.00	\$
Subtotal	\$ 8,575.37	\$
Total Disbursements	\$ 6,760.00	\$
CASH BALANCE END OF REPORT	\$ 1,815.37	\$
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 Joe Wineke	Signature of Candidate or Treasurer 	Date: 2/7/03 Daytime Phone: 608-240-4151
--	--	---

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.

EB-2 (Rev.5/97) (Ref. 3/98) (Y2K 2000) This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005.

Complete Committee Name

Operating Engineers Local 139 PAC

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 7,500.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 7,500.00	

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
1,3,03	Doyle for Wisconsin P.O. Box 2687 Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind	\$5,000.00	\$5,000.00	
1,28,03	Soglin for Mayor P.O. Box 1228 Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind	\$1,560.00	\$1,560.00	
1,30,03	Toby Biegel for City Council 1609 Valmont Ave. Eau Claire, WI 54701 Check if: <input type="checkbox"/> In-Kind	\$200.00	\$200.00	
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
///	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		\$ 6,760.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 6,760.00		