

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

RECEIVED - CITY OF MADISON
CLERKS OFFICE

03 JAN 31 PM 12:57

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Kent Palmer

Street Address

3202 Thorp St

City, State and Zip Code

Madison WI 53714

OFFICE USE ONLY

WSEB ID Number: *CFP10*

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*03* Pre-Primary 20__ Spring Fall Special
 July Continuing 20__ 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	\$ 0	\$ 0	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 919.01	\$ 919.01	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 919.01	\$ 919.01	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 919.01	\$ 919.01
Total Receipts	\$ 0	\$
Subtotal	\$ 919.01	\$
Total Disbursements	\$ 919.01	\$ 919.01
CASH BALANCE END OF REPORT	\$ 0	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$ 0	\$
LOANS (Balance at the Close of This Period)	\$ 0	\$

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

Kent Palmer

Signature of Candidate or Treasurer

Kent Palmer

Date:

1/31/03

Daytime Phone: *608-764-2581*

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
Gross Expenditures

Complete Committee Name
Friends of Kent Palmer

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
1/31/2003	City Treasurer, City of Madison, Madison WI 53703	Madison Area Study Circles	519.01	
1/31/2003	Friends of Austin King 200 N. Blount Madison WI 53703	Campaign Contribution	200.00	
1/31/2003	Friends of Brian Benford 200 N. Blount Madison WI 53703	Campaign Contribution	200.00	
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$	
TOTAL ITEMIZED EXPENDITURES			\$ 919.01	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 919.01	

TERMINATION REQUEST

Complete Committee Name
Friends of Kent Palmer

WSEB ID Number
CFP10

- 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 2A OR 2B.

Date	Recipient	Amount
<i>1/31/2003</i>	<i>City of Madison Treasurer, Madison Area Study Circle</i>	<i>519.01</i>
<i>1/31/2003</i>	<i>Friends of Austin King</i>	<i>200.00</i>
<i>1/31/2003</i>	<i>Friends of Brian Sanford</i>	<i>200.00</i>

LOAN OR DEBT FORGIVENESS

I hereby 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.

Kent Palmer

 Signature of Candidate or Treasurer

1/31/2003

 Date