

**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

04 JUL -9 PM 4: 12

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Steve Holtzman

Street Address

105 Glen Hwy

City, State and Zip Code

Madison, WI 53705

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 2004 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

1. RECEIPTS

A. Contributions including Loans from Individuals

\$ 500.00 \$ 500.00 \$ \$

B. Contributions from Committees (Transfers-In)

\$ 0 \$ 0 \$ \$

C. Other Income and Commercial Loans

\$ \$ \$ \$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 500.00 \$ 500.00 \$ \$

2. DISBURSEMENTS

A. Gross Expenditures

\$ 472.97 \$ 472.97 \$ \$

B. Contributions to Committees (Transfers-Out)

\$ 200.00 \$ 200.00 \$ \$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 772.97 \$ 772.97 \$ \$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 6,370.26 \$

Total Receipts

\$ 500.00 \$

Subtotal

\$ 6,870.26 \$

Total Disbursements

\$ 772.97 \$

CASH BALANCE END OF REPORT

\$ 6,097.29 \$

INCURRED OBLIGATIONS

(Balance at the Close of This Period)

\$ 0 \$

LOANS (Balance at the Close of This Period)

\$ 6,097.29 \$

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: July 9, 2004

Steve Holtzman



Daytime Phone: 608-233-6056

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
Friends of Steve Holtzman

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
6/30/04	Herman + Barbara Holtzman 6530 Schroeder Road Madison, WI 53711	retired	500 ⁰⁰	250 ⁰⁰ cash Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			
1 1	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
1 1	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
1 1	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
1 1	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
1 1	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
1 1	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			\$ 500 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 500 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 500 ⁰⁰	

Complete Committee Name

Friends of Steve Holtzman

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
2/2/04	Holtzman Opera 333 Glenway St. Madison, WI 53711	support event in District 19	120.00	
2/6/04	Local 311 - Casey Carla Ford P.O. Box 46261 Madison, WI 53711	support injured city employee	2.500	
6-16-04	Madison Fireworks Fund 6515 Grand Terrace #140 Madison, WI 53719	support community event	50.00	
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 195.00	
TOTAL ITEMIZED EXPENDITURES			\$ 195.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 277.97	
TOTAL EXPENDITURES			\$ 472.97	

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Steve Holtzman

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
6/21/04	Friends of Joe Parisi P.O. Box 3042 Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	100 ⁰⁰	100 ⁰⁰	
6/21/04	Friends of Mark Miller 4903 Raigan Terrace Monroe, WI 53716 Check if: <input type="checkbox"/> In-Kind	100 ⁰⁰	100 ⁰⁰	
6/22/04	The Feingold Senate Committee P.O. Box 620062 Madison, WI 53562-9913 Check if: <input type="checkbox"/> In-Kind	100 ⁰⁰	100 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
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 300.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 300.00		