

**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

470.5 School Rd

City, State and Zip Code

Madison Wis 53704

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 Pre-Primary Spring Fall Special

July Continuing *2004* Pre-Election 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

\$ \$ \$ \$

B. Contributions from Committees (Transfers-In)

\$ \$ \$ \$

C. Other Income and Commercial Loans

\$ *0.12* \$ *0.12* \$ \$

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

\$ *0.12* \$ *0.12* \$ \$

2. DISBURSEMENTS

A. Gross Expenditures

\$ \$ \$ \$

B. Contributions to Committees (Transfers-Out)

\$ *58.90* \$ *58.90* \$ \$

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

\$ *58.90* \$ *58.90* \$ \$

CASH SUMMARY

Cash Balance Beginning of Report

\$ *58.78*

Total Receipts

\$ *0.12*

Subtotal

\$ *58.90*

Total Disbursements

\$ *58.90*

CASH BALANCE END OF REPORT

\$ *58.90* 0

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

Signature of Candidate or Treasurer

Date:

Daytime Phone:

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 2/00) This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005. ✓

RECEIPTS

Contributions Including Loans From Individuals

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	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
11	WEA Credit Union 33 Nob Hill Dr. Madison WI 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		.12	Office Use
11				Office Use
11				Office Use
11				Office Use
11				Office Use
11				Office Use
11				Office Use
11				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$.12	
TOTAL ITEMIZED CONTRIBUTIONS			\$.12	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name Roberta Kriesow
Friends of Paul Van Rooy

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
6/30	Friends of Paul Van Rooy	\$ 58.90	58.90	
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
/ /	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 58.90		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$		

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Friends of Roberta Kiesew

WSEB ID Number

- 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 and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- 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.
- Please note: An audit must be completed and all obligations with the Board, including scittlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
6/30/04	Paul Van Roy	\$58.90

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.

Signature of Candidate or Treasurer

Roberta Kiesew

Date

7-28-04