

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON
CLERKS OFFICE

04 JAN 20 PM 2:39

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS FOR ERIK MINTON

Street Address

21 N. BUTLER ST

City, State and Zip Code

MADISON, WI 53703

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 **2004** Pre-Primary Spring Fall Special

July Continuing 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

\$ -0-

\$ 18,090

B. Contributions from Committees (Transfers-In)

\$ -0-

\$ 200

C. Other Income and Commercial Loans

\$ 0.20

\$ 1.29

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

\$ 0.20

\$ 18,291.29

2. DISBURSEMENTS

A. Gross Expenditures

\$ 1030.17

\$ 19,101.15

B. Contributions to Committees (Transfers-Out)

\$

\$

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

\$ 1030.17

\$ 19,101.15

CASH SUMMARY

Cash Balance Beginning of Report

\$ 1029.97

Total Receipts

\$ 0.20

Subtotal

\$ 1030.17

Total Disbursements

\$ 1030.17

CASH BALANCE END OF REPORT

\$ -0-

INCURRED OBLIGATIONS

(Balance at the Close of This Period)

\$ -0-

LOANS (Balance at the Close of This Period)

\$ 3736.83

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

LEE CHRISTENSEN

Signature of Candidate or Treasurer

Lee Christensen

Date: 1/20/04

Daytime Phone: 608 256-1400

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

Other Income and Commercial Loans

Complete Committee Name

FRIENDS FOR ERIK MINTON

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

Date	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
7/3/03	ANCHOR BANK 25 W. MAIN ST. MADISON, WI 53703	INTEREST	\$0.20	
/ /				
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SUBTOTAL OTHER INCOME THIS PAGE			\$ 0.20	
TOTAL ITEMIZED OTHER INCOME			\$- 0.20	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$ 0.20	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS FOR ERIK MINTON

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
7/15/03	ERIK MINTON 21 N. BUTLER ST MADISON, WI 53703	LOAN REPAYMENT	\$1030.17	
1 1				
1 1				
1 1				
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1 1				
1 1				
1 1				
1 1				
1 1				

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1030.17	
TOTAL ITEMIZED EXPENDITURES	\$ 1030.17	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	-0-	
TOTAL EXPENDITURES	\$ 1030.17	

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name
Friends For Erik Minton

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

		Outstanding Balance Beginning of the Period	Cumulative Payments This Period	Outstanding Balance End of the Period
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
	<u>Erik Minton, 21 N. Butler St, 53703</u>	<u>4750</u>	<u>1030.17</u>	<u>3736.83</u>
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		
Full Name, Mailing Address and Zip Code of Guarantor		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding		
		\$		

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 3736.83

TOTAL OUTSTANDING LOANS \$ 3736.83

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

FRIENDS FOR ERIK MINTON

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 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
7/15/03	ERIK MINTON	\$1081.17

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
7/15/03	ERIK MINTON	\$3736.83

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

 1/20/04
 Date