

**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 MATT SLOAN

Street Address

209 Gilson St.

City, State and Zip Code

Madison WI 53715

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 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

I. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$	\$	\$

2. DISBURSEMENTS

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

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$	\$
Total Receipts	\$ 0	\$	\$
Subtotal	\$ 0	\$	\$
Total Disbursements	\$ 0	\$	\$
CASH BALANCE END OF REPORT	\$ 0	\$	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$	\$
LOANS (Balance at the Close of This Period-3B)	\$ 0	\$	\$

(Loan Forgiven)

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

MATT SLOAN

Signature of Candidate or Treasurer

[Signature]

Date:

7/2/04

Daytime Phone: 247-8797

NOTE: The information on this form is required by ss.11.66, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

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

Complete Committee Name
FRIENDS OF METT SLOAN

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
9/2/04	METT SLOAN 1209 GILSON ST MADISON, WI 53715	946.35	0	946.35	0

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	[REDACTED]
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$	0
TOTAL OUTSTANDING LOANS	\$	0

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

FRIENDS OF Matt Sloan

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 settlement 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
N/A		

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
1/2/04 9/2/04	Matt Sloan 1209 Gilson St Madison WI 53715	946.35

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

Date