

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON  
CLERK'S OFFICE

04 JUL 12 AM 11:12

Is This Report an Amendment:     Yes                       No

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

**COMMITTEE IDENTIFICATION**

Name of Committee  
**BILL KEYS FOR SCHOOL BOARD**

Street Address  
**2 N. ROCK RD.**

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     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	\$ 0	\$ 0	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 0	\$ 0	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 1,000.00	\$ 1,000.00	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,000.00	\$ 1,000.00	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2,668.81	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 2,668.81	\$
Total Disbursements	\$ 1,000.00	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 1,668.81	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period)	\$ 0	\$
<b>LOANS</b> (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 <b>BILL KEYS</b>	Signature of Candidate or Treasurer <b>Bill Keys</b>	Date: <b>July 8, 2004</b> Daytime Phone: <b>238-8575</b>
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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.

**RECEIPTS**

**Contributions Including Loans From Individuals**

Complete Committee Name \_\_\_\_\_

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$	

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name \_\_\_\_\_

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

Date	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
/ /	Check if: <input type="checkbox"/> In-Kind			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		<b>\$</b>		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		<b>\$</b>		

**RECEIPTS**  
**Other Income and Commercial Loans**

Complete Committee Name

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
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
<b>SUBTOTAL OTHER INCOME THIS PAGE</b>			<b>\$</b>	
<b>TOTAL ITEMIZED OTHER INCOME</b>			<b>\$</b>	
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>			<b>\$</b>	
<b>TOTAL OTHER INCOME</b>			<b>\$</b>	

**DISBURSEMENTS**  
**Gross Expenditures**

Complete Committee Name

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
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			\$	
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			\$	
<b>TOTAL EXPENDITURES</b>			\$	

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name

**BILL KEYS FOR SCHOOL BOARD**

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
4/15/04	FRIENDS OF ALIX OLSON 115 So. HANCOCK MADISON, WI 53703 Check if <input type="checkbox"/> In-Kind	\$1,000.00	\$1,000.00	
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
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
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$ 1,000.00		
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$ 1,000.00		

**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name \_\_\_\_\_

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

		Outstanding Balance Beginning This Period	New Obligations This Period	Payment This Period	Outstanding Balance at Close of This Period	Office Use Only
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
Date	Full Name, Mailing Address and ZIP Code of Creditor					
		Nature of Debt (Purpose):				
		<b>SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE</b>				\$
		<b>TOTAL ITEMIZED OBLIGATIONS</b>				\$
		<b>TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS</b>				\$
		<b>TOTAL INCURRED OBLIGATIONS</b>				\$

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

Complete Committee Name \_\_\_\_\_

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			
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 \$			
<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>		<b>\$</b>		
<b>TOTAL OUTSTANDING LOANS</b>		<b>\$</b>		

**ADDITIONAL DISCLOSURE  
In-Kind Estimates**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

**Estimated Value of In-Kind Contributions Received  
From Individuals and Committees**

**SCHEDULE 3-C**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" or "C"	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

**SCHEDULE 3-D**

**Estimated Value of In-Kind Contributions Given  
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

**SCHEDULE 3-E****ADDITIONAL DISCLOSURE**  
**Contributions Returned to Contributor**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
<b>SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS</b>		<b>\$</b>
<b>TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS</b>		<b>\$</b>
<b>TOTAL RETURNED CONTRIBUTIONS</b>		<b>\$</b>

**SCHEDULE 3-F****ADDITIONAL DISCLOSURE**  
**Contributions Donated to Charity or Common School Fund**

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

Date of Donation	Name and Address of Donor	Reason for Donation	Amount of Donation
<b>SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS</b>			<b>\$</b>
<b>TOTAL DONATED CONTRIBUTIONS</b>			<b>\$</b>



**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

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

**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

Date