

**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 LINDA BELLMAN**

Street Address

**82 OAK CREEK TRAIL**

City, State and Zip Code

**MADISON WI 53717**

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**

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	\$	\$	\$	\$
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	\$	\$	\$	\$

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 1803.03	\$ 1803.03	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -	\$	\$
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ 1803.03	\$ 1803.03	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1803.03	\$
Total Receipts	\$ 00	\$
Subtotal	\$ 1803.03	\$
Total Disbursements	\$ 1803.03	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 00	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period)	\$	\$
<b>LOANS</b> (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

**LINDA BELLMAN**

Signature of Candidate or Treasurer

*Linda Bellman*

Date:

**3/8/5**  
Daytime Phone: **826-4020**

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.

DISBURSEMENTS  
Gross Expenditures

Complete Committee Name

FRIENDS OF LINDA BELLMAN

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
2/21/5	FRIENDS OF JED SANBORN 10 CHERBOURG CT MADISON WI 53711	CAMPAIGN	\$200.00	
2/21/5	CINDY THOMAS FOR CITY COUNCIL 2106 TRAIL DRIVE MADISON WI 53711	CAMPAIGN	\$200.00	
2/26/5	MADISON PARK FOUNDATION 215 MARTIN LUTHER KING BLVD MADISON WI 53707	SWIM POOL	\$300.00	
3/3/5	WEXFORD RIDGE NEIGH. CENTER 5009 FLOWER LANE MADISON WI 53717	NEW CENTER BLDG	\$300.00	
3/1/85	CAPITAL TIMES KIDS FUND P.O. BOX 8060 MADISON WI 53708	CHARITIES FOR KIDS	\$500.00	
3/8/5	SALVATION ARMY 630 E. WASHINGTON AV MADISON WI 53703	LOCAL CHARITY	\$303.05	
1/1				
1/1				
1/1				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1803.05	
TOTAL ITEMIZED EXPENDITURES			\$ 1803.05	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ -	
TOTAL EXPENDITURES			\$ 1803.05	

## SCHEDULE 4

## TERMINATION REQUEST

Complete Committee Name

FRIENDS OF LINDA BELLMAN

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
	SEE RECORD OF DISBURSEMENTS LISTED ON SCHEDULE 2A	1803.03

## LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of any 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.

Linda Bellman  
Signature of Candidate or Treasurer

3/8/5  
Date