

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERK'S OFFICE

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule. 05 MAR 28 PM 1:25

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Will Kuehn

Street Address

703 Spruce St

City, State and Zip Code

Madison WI 53715

OFFICE USE ONLY

WSEB ID Number: C F K 20

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 2005 Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1A. Contributions (Including Loans) from Individuals

\$ 166.12

\$ 166.12

1B. Contributions from Committees (Transfers-In)

\$ 0

\$ 0

1C. Other Income and Commercial Loans

\$ 0

\$ 0

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

\$ 166.12

\$ 166.12

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 391.74

\$ 567.14

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

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

\$ 391.74

\$ 567.14

CASH SUMMARY

Cash Balance Beginning of Report

\$ 225.62

Total Receipts

\$ 166.12

Subtotal

\$ 391.74

Total Disbursements

\$ 391.74

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

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

William Kuehn

Signature of Candidate or Treasurer

William C Kuehn

Date: 3/27/05

Daytime Phone: 266-5382

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
Friends of Will Kuehn

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 year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2/9/05	Will Kuehn 703 Spruce St Madison WI 53715	IS Resources Support Team State of WI - Tourism PO Box 8690 Madison WI 53708	166.12	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$166.12
TOTAL ITEMIZED CONTRIBUTIONS	\$166.12
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$166.12

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Friends of Will Kuenn

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
2/2/05	Insky-Prints 1112 S Park St Madison WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes Letterhead	197.60	
2/7/05	Postmaster USPS Southside Station Madison, WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	300 Post card stamps	92.00	
2/9/05	Niki Liegel 1525 Drake St Apt 2 Madison WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	Design services	60.00	
2/5/05	Office Depot 4016 E Washington Ave Madison WI 53704 Check if: <input type="checkbox"/> In-Kind Offset	Office supplies	42.14	
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 391.74	
TOTAL ITEMIZED EXPENDITURES			\$ 391.74	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 391.74	

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Friends of Will Kuehn

WSEB ID Number

CFR 20

- 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
None		

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
None		

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.

William C Kuehn

Signature of Candidate or Treasurer

3/27/05

Date