



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

June 20, 2002

RQ-3

Steven T. Kean, Executive Director, Treasurer
Democratic Party of Wisconsin – Federal Account
222 State Street, Suite 400
Madison, WI 53703

Identification Number: C00019331

Reference: Year End Report (7/1/01-12/31/01)

Dear Mr. Kean:

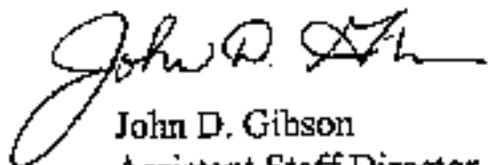
This letter is to inform you that as of June 19, 2002, the Commission has not received your response to our request for additional information, dated May 29, 2002. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

The Commission is in receipt of your Amended Mid-Year Report dated June 4, 2002 that discloses receipts from "Feingold Senate Committee" as transfers of excess campaign funds thereby correcting some of the excessive contributions cited in this notice. However, you still need to correct the other matters and the remaining excessives cited in the letter referenced above. An adequate response must be received at the Commission by July 10, 2002. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter, please contact Andrea Needles on our toll-free number

(800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Gibson". The signature is fluid and cursive, with a prominent initial "J" and a long, sweeping underline.

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Steven T. Kean, Executive Director, Treasurer
Democratic Party of Wisconsin - Federal Account
222 State Street, Suite 400
Madison, WI 53703

MAY 29 2002

Identification Number: C00019331

Reference: Year End Report (7/1/01-12/31/01)

Dear Mr. Kean:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30

days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Schedule B supporting Line 22 (pertinent portion(s) attached) discloses \$5,500 in disbursements to the Democratic Party of Wisconsin - State for "transfer to affil. Transfer to non-fed. Acc.". You are advised that 11 CFR §102.5 prohibits a non-federal account from financing activity in connection with federal elections. Please provide clarifying information regarding these transactions including the date(s) when the original activity was conducted by the non-federal account. In addition, if any of the disbursements disclosed were made to influence the election or defeat of specific federal candidates, the disbursements should be allocated accordingly and disclosed as either in-kind contributions on Schedule B supporting Line 23, independent expenditures on Schedule E supporting Line 24, or as coordinated expenditures on Schedule F supporting Line 25. 11 CFR §§104.3(b)(3) and 106.1

Although the Commission may initiate legal action regarding the activities conducted by your non-federal account, any clarifying information that you can provide will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2

DEMOCRATIC PARTY OF WISCONSIN - FEDERAL ACCOUNT

PAGE 3

U.S.C. §441a(f) and 11 CFR §110.1(d) prohibit a committee and its affiliates from receiving any contribution from another political committee or person in excess of \$5,000 per calendar year.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you must amend your original report with the clarifying information.

If any contribution you received exceeds the limits, you may have to refund the excessive amount. The funds can be retained if within 60 days of receipt, (1) the excessive amount was properly reattributed to another person, such as a joint account holder, by obtaining signed written authorizations from each person making the contribution pursuant to 11 CFR 110.1(k)(3), and (2) the treasurer informs the person making the contribution that he or she may request the return of the excessive portion of the contribution if it is not intended to be a joint contribution. Any request from a donor for a refund must be honored.

Alternatively, the funds can be retained if within 60 days of receipt you (1) transferred the excessive amount to an account not used to influence federal elections, and (2) provided written notice to the person making the contribution of the option of receiving a refund. Any request from a donor for a refund must be honored.

If the foregoing conditions for reattributions or transfers to a non-federal account were not met within 60 days of receipt, the excessive amount must be refunded.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for any transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

DEMOCRATIC PARTY OF WISCONSIN – FEDERAL ACCOUNT

PAGE 4

-Schedule A of your report discloses receipts totaling \$45,000 from ASDC/Dollars for Democrats, which is a joint fundraising committee affiliated with your committee. The sum of the entries itemized on the memo Schedule A, however, total only \$520.

Please be advised that a memo Schedule A must be provided to itemize your committee's share of the gross contributions received through the joint fundraiser. The memo schedule should itemize each individual who has contributed an aggregate in excess of \$200 during the calendar year, and provide the amount of unitemized contributions received. In addition, the memo schedule should itemize your committee's share of all contributions from political committees, regardless of amount. 11 CFR §102.17(c)(8)(i)(B) Please clarify this discrepancy.

-Your report discloses memo Schedule A's totaling \$1,107.50 from the "Victory Fund", which appears to be a joint fundraising committee. However, there are no corresponding transfers-in from this committee disclosed on Schedule A for supporting Line 12 of the Detailed Summary Page. Please clarify this apparent discrepancy.

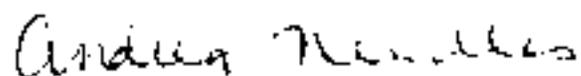
-Please amend Schedule A supporting Line 11(c) by providing the address for each contribution received from a political committee. 11 CFR §104.3(a)(4)(ii) and (iii)(B)

-Line 21(a) of the Detailed Summary Page discloses joint federal/non-federal operating expenditures during the reporting period. Committees must itemize each allocated disbursement made from its federal account or separate allocation account regardless of the amount. Please amend your report(s) by itemizing the expenditures on Schedule H4. 11 CFR §104.10

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at

the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Andrea Needles
Senior Reports Analyst
Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER
22

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Wisconsin

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC PARTY OF WISCONSIN-STATE 222 STATE STREET, SUITE 400 Madison WI 53703-	Trans. To Affil. Ibw ck 3/19/01 s/b non Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/30/2001	2000.00
DEMOCRATIC PARTY OF WISCONSIN-STATE 222 STATE STREET, SUITE 400 Madison WI 53703-	Trans. To Affil. Ibw ck 5/28/01 s/b non Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/30/2001	2500.00
DEMOCRATIC PARTY OF WISCONSIN-STATE 222 STATE STREET, SUITE 400 Madison WI 53703-	Trans. To Affil. transfer to non-fed acc Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/30/2001	5500.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

10000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER
11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Democratic Party of Wisconsin

<p>Full Name, Mailing Address, and ZIP Code Lois O'Keefe 3350 N. Newhall St Milwaukee WI 53211-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U.S. Department of Labor</p> <p>Occupation Scheduler</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 09/04/2001</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Full Name, Mailing Address, and ZIP Code Lois O'Keefe 3350 N. Newhall St Milwaukee WI 53211-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer U.S. Department of Labor</p> <p>Occupation Scheduler</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year) 12/12/2001</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Full Name, Mailing Address, and ZIP Code Onelda Tribe Of Ind Po Box 865 Onelda WI 54155-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 5000.00</p>	<p>Date (month, day, year) 07/13/2001</p>	<p>Amount of Each Receipt this Period 2500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Judith Paul PO Box 45917 Madison WI 53744-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Renaissance Learning INC</p> <p>Occupation EXECUTIVE</p> <p>Aggregate Year-to-Date > \$ 5350.00</p>	<p>Date (month, day, year) 12/04/2001</p>	<p>Amount of Each Receipt this Period 350.00</p>
<p>Full Name, Mailing Address, and ZIP Code Terrance Paul PO Box 45917 Madison WI 53744-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Advantage Learning Systems</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 5500.00</p>	<p>Date (month, day, year) 09/19/2001</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Suzette Remick 1836 South Ave LaCrosse WI 54601-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Information Requested</p> <p>Occupation STUDENT</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 11/07/2001</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code JoAnna Richard 1720 Mayflower Dr Middleton WI 53562-3288</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer State of WI</p> <p>Occupation Legislative Liason</p> <p>Aggregate Year-to-Date > \$ 255.00</p>	<p>Date (month, day, year) 10/18/2001</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>SUBTOTALS of Receipts This Page (Optional)</p>			
<p>TOTALS This Period (last page this line number only)</p>			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each receipt or the Detailed Summary Page	18 / 30 FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used for any purpose for the purpose of avoiding contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such donors.					
NAME OF COMMITTEE (in Full) Democratic Party of Wisconsin					
Full Name, Mailing Address, and ZIP Code Lawrence and Diane Harty 824 North Blvd W Ripon, WI 53070-3302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 03/18/2001	Amount of Each Receipt in this Period 350.00		
Full Name, Mailing Address, and ZIP Code Deirdre Yule-O'Neil PO Box 385 Cross, WI 54155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 08/21/2001	Amount of Each Receipt in this Period 2900.00		
Full Name, Mailing Address, and ZIP Code Joe Pichler 2114 Quince Ave Madison, WI 53704-0449 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Dane County Occupation COUNTY CLERK	Date (month, day, year) 04/15/2001	Amount of Each Receipt in this Period 200.00		
Full Name, Mailing Address, and ZIP Code Joe Pichler 2114 Quince Ave Madison, WI 53704-0449 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Dane County Occupation COUNTY CLERK	Date (month, day, year) 05/11/2001	Amount of Each Receipt in this Period 50.00		
Full Name, Mailing Address, and ZIP Code Judy Pico PO Box 45917 Madison, WI 53744 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Rondover Learning INC Occupation EXECUTIVE	Date (month, day, year) 09/04/2001	Amount of Each Receipt in this Period 6000.00		
Full Name, Mailing Address, and ZIP Code Teresa Piel PO Box 46817 Madison, WI 53744 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Advanced Learning Systems Occupation Owner	Date (month, day, year) 02/04/2001	Amount of Each Receipt in this Period 3000.00		
Full Name, Mailing Address, and ZIP Code Robin Reinert 3756 N 26th St Milwaukee, WI 53208 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 04/27/2001	Amount of Each Receipt in this Period 300.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER
110

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Wisconsin

Full Name, Mailing Address, and ZIP Code Herb Kohl for United States Senate Inc Milwaukee WI 53202-	Name of Employer Information Requested	Date (month, day, year) 12/20/2001	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 6600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Herb Kohl for United States Senate Inc Milwaukee WI 53202-	Name of Employer Information Requested	Date (month, day, year) 12/20/2001	Amount of Each Receipt this Period 100.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 6700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Sheet Metal Workers' International 1750 New York Ave. N.W. Washington DC 20006-	Name of Employer Information Requested	Date (month, day, year) 10/15/2001	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Tammy Baldwin For Congress Po Box 686 Madison WI 53701-	Name of Employer Information Requested	Date (month, day, year) 07/13/2001	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code The NEA Fund for Children & Public Educa 1201 16th Street NW Suite 421 Washington DC 20036-	Name of Employer Information Requested	Date (month, day, year) 07/13/2001	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code United Food And Commercial Workers 1775 K Street NW Washington DC 20006-1588	Name of Employer Information Requested	Date (month, day, year) 10/31/2001	Amount of Each Receipt this Period 5000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address, and ZIP Code Wisbankpac Po Box 1667 Madison WI 53708-	Name of Employer Information Requested	Date (month, day, year) 12/30/2001	Amount of Each Receipt this Period 2500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Democratic Party of Wisconsin

Full Name, Mailing Address, and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Friends Of Jerry Kieczka 3150A S. 12th Street Milwaukee WI 53215- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 700.00	08/03/2001	100.00
IBEW-COPE 1125 15th St NW Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation VOTER FILE PURCHASE Aggregate Year-to-Date > \$ 9500.00	12/30/2001	5000.00
Kind For Congress 505 King St Suite 10 La Crosse WI 54601- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1100.00	09/16/2001	100.00
Kind For Congress 505 King St Suite 10 La Crosse WI 54601- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1200.00	10/18/2001	100.00
Herb Kohl for United States Senate Inc Milwaukee WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	07/30/2001	1000.00
Herb Kohl for United States Senate Inc Milwaukee WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation information Requested Aggregate Year-to-Date > \$ 6000.00	08/06/2001	5000.00
Herb Kohl for United States Senate Inc Milwaukee WI 53202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 6500.00	09/27/2001	500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11C

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Party of Wisconsin

Full Name, Mailing Address, and ZIP Code	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt this Period
Marathon Oil Company employees	Occupation Information Requested	10/31/2001	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Cobalt Cooperation Federal PAC 401 W. Michigan Ave. Milwaukee WI 53203	Name of Employer Information Requested	Date (month, day, year) 10/15/2001	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Cobalt Cooperation Federal PAC 401 W. Michigan Ave. Milwaukee WI 53203	Name of Employer Information Requested	Date (month, day, year) 12/30/2001	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 800.00	
Full Name, Mailing Address, and ZIP Code Feingold Senate Committee Po Box 620062 Middleton WI 53562-0062	Name of Employer Information Requested	Date (month, day, year) 07/19/2001	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 13670.00	
Full Name, Mailing Address, and ZIP Code Feingold Senate Committee Po Box 620062 Middleton WI 53562-0062	Name of Employer Information Requested	Date (month, day, year) 10/18/2001	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 13720.00	
Full Name, Mailing Address, and ZIP Code Feingold Senate Committee Po Box 620062 Middleton WI 53562-0062	Name of Employer Information Requested	Date (month, day, year) 10/23/2001	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 13820.00	
Full Name, Mailing Address, and ZIP Code Feingold Senate Committee Po Box 620062 Middleton WI 53562-0062	Name of Employer Information Requested	Date (month, day, year) 12/14/2001	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested	Aggregate Year-to-Date > \$ 13850.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of car (Detailed Summary Page)	4730
				FOR ONE HOUSEHOLD	
Any information reported from such Receipts and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than stating the name and address of any political committee to which contributions from such contributors					
NAME OF CONTRIBUTOR (in Full) Democratic Party of Wisconsin					
Full Name, Billing Address, and ZIP Code Benefit for Wisconsin 7720 Regent Ave Madison WI 53713	Name of Employer Information Requested		Date (month, day, year) 08/04/2001	Amount of Each Receipt (This Period) 100.00	
	Occupation Information Requested		Aggregate Year-to-Date > 6 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Elin Grove & Blue Shield Unit 401 West Michigan Milwaukee WI 53219	Name of Employer Information Requested		Date (month, day, year) 02/28/2001	Amount of Each Receipt (This Period) 300.00	
	Occupation Information Requested		Aggregate Year-to-Date > 6 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Fairgold Bank Committee Po Box 62000 Madison WI 53762-0002	Name of Employer Information Requested		Date (month, day, year) 04/01/2001	Amount of Each Receipt (This Period) 1000.00	
	Occupation Information Requested		Aggregate Year-to-Date > 8 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Fairgold Bank Committee Po Box 62000 Madison WI 53762-0002	Name of Employer Information Requested		Date (month, day, year) 04/11/2001	Amount of Each Receipt (This Period) 2000.00	
	Occupation Information Requested		Aggregate Year-to-Date > 8 6000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Fairgold Bank Committee Po Box 62000 Madison WI 53762-0002	Name of Employer Information Requested		Date (month, day, year) 05/04/2001	Amount of Each Receipt (This Period) 20.00	
	Occupation Information Requested		Aggregate Year-to-Date > 5 8000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Fairgold Bank Committee Po Box 62000 Madison WI 53762-0002	Name of Employer Information Requested		Date (month, day, year) 05/04/2001	Amount of Each Receipt (This Period) 600.00	
	Occupation Information Requested		Aggregate Year-to-Date > 5 6500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
Full Name, Billing Address, and ZIP Code Fairgold Bank Committee Po Box 62000 Madison WI 53762-0002	Name of Employer Information Requested		Date (month, day, year) 05/28/2001	Amount of Each Receipt (This Period) 140.00	
	Occupation Information Requested		Aggregate Year-to-Date > 6 6070.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):					
SUBTOTAL of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses, income, and transfers between accounts.

Next, the document outlines the process of reconciling bank statements with the company's records. It stresses the need to identify and explain any discrepancies, such as outstanding checks or bank errors, to ensure that the books are in balance. Regular reconciliation is presented as a key practice for preventing errors and detecting fraud.

The document also covers the classification of assets and liabilities. It provides guidance on how to categorize different types of property, equipment, and debts, ensuring that they are reported correctly on the balance sheet. This section highlights the importance of using consistent accounting methods to allow for meaningful comparisons over time and across different periods.

Finally, the document discusses the preparation of financial statements, including the income statement, balance sheet, and statement of cash flows. It provides a step-by-step guide to calculating each component and ensuring that the statements are accurate and complete. The document concludes by emphasizing the role of these statements in providing a clear picture of the company's financial health and performance.