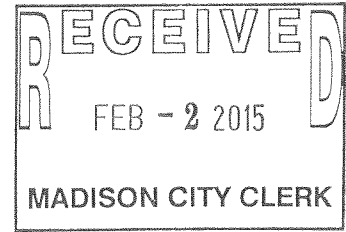


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee
Ahrens for Council

Street Address
4014 Major Ave.

City, State and Zip Code
Madison, WI 53716

OFFICE USE ONLY

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

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals	\$ 3425	\$ 3425
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)	\$ 3425	\$ 3425

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 1426.66	\$ 1426.66
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1426.66	\$ 1426.66

CASH SUMMARY

Cash Balance Beginning of Report	\$ 128.00
Total Receipts	\$ 3425
Subtotal	\$ 3553
Total Disbursements	\$ 1426.66
CASH BALANCE END OF REPORT	\$ 2126.34
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 1450

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 Liz Dannenbaum	Signature of Candidate or Treasurer <i>Liz Dannenbaum</i>	Date: <i>1/30/15</i>
	Email: <i>lizwinter.dannenbaum@gmail.com</i>	Daytime Phone:

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Ahrens for Council

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
11/18/14	Donna Winter 4313 Major Ave, 53716		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/15/14	Charlie Sanders 3114 Oakridge Ave		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/14/14	Clifford and Sally Borden 4304 Drexel Ave, 53716		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/15/14	Frank Emspak 916 Castle Pl, 53703		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/17/14	Kurt Brown 9 Vista Rd, 53726		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/19/14	Laura Dresser 1344 Jenifer St, 53703		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/17/14	Susu Knight 2604 Alamosa, Santa Fe, NM 87505	2604 Alamosa, Santa Fe, NM 87505 Artist	\$200	\$200
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/20/14	Judith Ahrens 433 Elizabeth, SF, CA 94114	433 Elizabeth, SF, CA 94114 Retired	\$250	\$250
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 850
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 850

Contributions (Including Loans) From Individuals

Complete Committee Name
Ahrens for Council

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
11/18/14	Karen Ordians 10300 W. Spring Green Rd. Greenfield, WI. 53228		\$50	50
11/15/14	Karen + Jerry Cook 5014 Twin Oaks Dr. Madison, WI. 53714		\$50	50
11/19/14	JOE ELDER 1112 Grant St Madison, WI. 53711		\$50	50
11/21/14	JOE SALMONS 127 S. Brittingham Madison, WI. 53715		\$50	50
11/19/14	Kirsten Johnson 4111 Major Ave Madison, WI. 53716		\$20	20
11/19/14	Walker Knight 3704 Raleigh Denver, Colo 80212		\$100	100
11/20/14	Marien Ceraso 3133 Oxford Rd. Madison, WI. 53705		\$100	100
12/2/14	Rajen Shukla 2115 Kendall Ave Madison, WI. 53705		\$25	25

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 445

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Advocates for Council

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
12/5/14	Lisa Koblenz 107 Cloud View Rd. Sausalito, Ca. 94965		\$50	\$50
11/28/14	Paul Ueblicher 2417 Upham Rd. Madison, WI. 53704		\$50	\$50
12/1/14	Carol Duran 137 Hillwood Blvd Madison, WI. 53715		\$100	\$100
12/1/14	Patrick Remington, MD 1214 Dartmouth Rd Madison, WI. 53705		\$30	\$30
12/13/14	Ron Kent 706 Bruce Ct Madison, WI. 53705		\$50	\$50
12/15/14	Jiva Dilly, MD 4371 23rd St. San Fran. Ca. 94114		\$100	\$100
12/20/14	Howard Stahl 6139 Arlington Blvd. Richmond, Ca. 94805		\$200	\$200
12/22/14	John Hurley 1701 Zinfandel St. Helena, Ca 94574	self-employed	\$100	\$100

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 680

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Ahrens for Council

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
7/3/14	David Ahrens 4014 Major Ave Madison, WI.	Alder Madison City Council	\$1450	\$1450
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1450
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 3425

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
 Ahrens for Council

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
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ **0**

SCHEDULE 1-C**RECEIPTS**
Other Income and Commercial LoansPage 1 of 1Complete Committee Name
Ahrens for Council

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

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$
TOTAL ITEMIZED OTHER INCOME			\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$
TOTAL OTHER INCOME			\$ 0

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Ahrens for Council

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
7/6/14	Dem. Party of Wisconsin 114 State St. Madison, WI. 53703 Check if: <input type="checkbox"/> In-Kind Offset	Voter List	\$200 \$200
7/18/14	Wells Printing 3121 Watford Way Madison, WI. 53713 Check if: <input type="checkbox"/> In-Kind Offset	Print Brochure	\$668.59
8/6/14	U.S. Post Office Check if: <input type="checkbox"/> In-Kind Offset	Postage	\$22.61
8/12/14	Union Labor News 1607 S. Park St Madison, WI Check if: <input type="checkbox"/> In-Kind Offset	Ad	\$35.00
11/4/14	Office Depot on-line Check if: <input type="checkbox"/> In-Kind Offset	Laserjet Ink Cartridge	\$122.44
12/2/14	Wells Printing 3121 Watford Way Madison, WI. 53713 Check if: <input type="checkbox"/> In-Kind Offset	Door Cards Printing	\$342.52
12/12/14	Ben Franklin Store Monroe Dr. Madison, WI. 53716 Check if: <input type="checkbox"/> In-Kind Offset	Stationery	\$11.50
12/12/12	US Post Office Check if: <input type="checkbox"/> In-Kind Offset	Postage	\$24.00
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

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1426.66
TOTAL ITEMIZED EXPENDITURES	\$ 1426.66
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ - 0 -
TOTAL EXPENDITURES	\$ 1426.66

SCHEDULE 2-A

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
7/1/14	Boys & Girls Club 2001 Tuff St Madison WI 53713 Check if: <input type="checkbox"/> In-Kind Offset	Event	100.00
8/19/14	Labor News 1602 J Park St #106 Madison WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	Ad	50.00
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 150.00

TOTAL ITEMIZED EXPENDITURES \$ 150.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 150.00