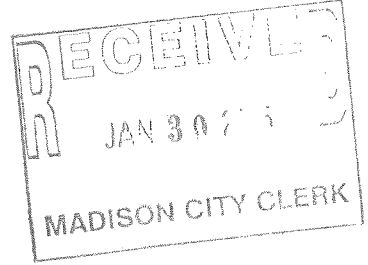


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**



Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee: **Samba and Friends**
 Street Address: **5150 Crescent Oaks Dr**
 City, State and Zip Code: **Madison, WI 53704**

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	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$160.00	\$ 160.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$ 0.00
1C. Other Income and Commercial Loans	\$0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$160.00	\$ 160.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0.00	\$ 0.00
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$ 0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0.00	\$ 0.00

CASH SUMMARY

Cash Balance Beginning of Report	\$0.00
Total Receipts	\$160.00
Subtotal	\$160.00
Total Disbursements	\$0.00
CASH BALANCE END OF REPORT	\$160.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$160.00

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 <i>Susan K. Pastor</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1/30/15</i> Daytime Phone: <i>608-217-7099</i>
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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.

Complete Committee Name
Samba and Friends

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
12/23/14	Samba Baldeh 5150 Crescent Oaks Drive Madison, WI 53704	IT Consultant, Self	160.00	160.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 160.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 160.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0.00
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 160.00

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Samba and Friends

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
12 / 23 / 14	Samba Baldeh 5150 Crescent Oaks Dr Madison, WI 53704	- 0 -	160.00	- 0 -	160.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	
	Name and Address of Employer	
	Amount Guaranteed Outstanding \$	

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 160.00

TOTAL OUTSTANDING LOANS \$ 160.00