

Campaign Finance Report
Short Form GAB-2a
Government Accountability Board

GAB ID Number

<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	Pre-Primary _____	<input checked="" type="checkbox"/> Continuing Report due Jan. 31, <u>2015</u>
<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	Pre-Election _____	<input type="checkbox"/> Continuing Report due July 20, _____

Greater Madison Hotel & Lodging Association

Name of Candidate or Committee (in full)

2702 Crossroads Drive Madison, WI 53718

Address

608-661-2700

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate



Date

2/3/15

Email Address

JRyan@neghotel.com

GAB-2a/ Rev 04/2014 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
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