

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

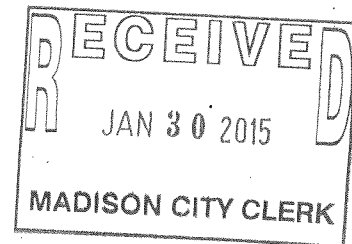
Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee: FRIENDS OF SKIDMORE

Street Address: 13 RED MAPLE TRAIL

City, State and Zip Code: MADISON, WI 53717



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 2015     Pre-Primary \_\_\_\_\_     Spring     Fall     Special

July Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_     Spring     Fall     Special

Termination Report also complete Schedule 4

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ <u>500<sup>00</sup></u>	\$ <u>500<sup>00</sup></u>
1B. Contributions from Committees (Transfers-In)	\$ <u>0<sup>00</sup></u>	\$ <u>0<sup>00</sup></u>
1C. Other Income and Commercial Loans	\$ <u>0<sup>00</sup></u>	\$ <u>0<sup>00</sup></u>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <u>500<sup>00</sup></u>	\$ <u>500<sup>00</sup></u>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ <u>6<sup>00</sup></u>	\$ <u>41<sup>00</sup></u>
2B. Contributions to Committees (Transfers-Out)	\$ <u>0<sup>00</sup></u>	\$ <u>0<sup>00</sup></u>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <u>6<sup>00</sup></u>	\$ <u>41<sup>00</sup></u>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <u>771<sup>00</sup></u>
Total Receipts	\$ <u>500<sup>00</sup></u>
Subtotal	\$ <u>1,271<sup>00</sup></u>
Total Disbursements	\$ <u>6<sup>00</sup></u>
<b>CASH BALANCE END OF REPORT</b>	\$ <u>1,265<sup>00</sup></u>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <u>0<sup>00</sup></u>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <u>0<sup>00</sup></u>

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 <u>PAUL E. SKIDMORE</u>	Signature of Candidate or Treasurer <u>Paul Skidmore</u>	Date: <u>1/30/15</u>
Email: <u>paulskidmore@tdc.net</u>		Daytime Phone: <u>608-335-1529</u>

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.

**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**FRIENDS OF SKIDMORE**

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
11/11/14	JOHN MCKENZIE 902 HIDDEN CAVE RD. MADISON, WI 53717	DEVELOPER 902 HIDDEN CAVE RD. MADISON, WI 53717	\$ 250.00	\$ 250.00
11/11/14	JO ELLEN MCKENZIE	DEVELOPER/HOMEMAKER 902 HIDDEN CAVE RD. MADISON, WI 53717	\$ 250.00	\$ 250.00
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**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE** \$ 500.00  
**TOTAL ITEMIZED CONTRIBUTIONS** \$ 500.00  
**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS** \$ 0.00  
**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS** \$ 500.00

**SCHEDULE 2-A**

**DISBURSEMENTS**  
**Gross Expenditures**

Complete Committee Name  
**FRIENDS OF SKIDMORE**

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
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE**

\$ 0.00

**TOTAL ITEMIZED EXPENDITURES**

\$ 0.00

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS**

\$ 6.00

**TOTAL EXPENDITURES**

\$ 6.00