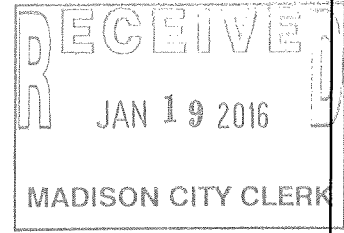


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee
Soglin for Mayor

Street Address
PO Box 1228

City, State and Zip Code
Madison, WI 53701

OFFICE USE ONLY

GAB ID Number

Please check if address is different than previously reported, and complete the Campaign Registration Statement on the back of this form.

REPORT PERIOD

January Continuing 2016 Pre-Primary _____ Spring Fall Special Termination Report also complete Schedule 4
 July Continuing _____ Pre-Election _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$50.00	\$78,558.50
1B. Contributions from Committee (Transfers-In)	\$0.00	\$6,398.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$50.00	\$84,956.50

2. DISBURSEMENTS

2A. Gross Expenditures	\$3,127.01	\$128,471.22
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$3,127.01	\$128,471.22

CASH SUMMARY

Cash Beginning Balance	\$5,196.26
Total Receipts	\$50.00
Subtotal	\$5,246.26
Total Disbursements	\$3,127.01
CASH BALANCE END OF REPORT	\$2,119.25

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)	\$0.00
LOANS (Balance at the Close of This Period-3B)	\$18,950.00

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 of Treasurer Scott Herrick	Signature of Candidate of Treasurer 	Date: 01/15/2016 Daytime Phone: (608) 257-1369
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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.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Soglin for Mayor

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
10/03/2015	Joanna Berke 141 Jenna Dr Verona, WI 53593 Contributor Type: Individual Contribution Type: Monetary Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit GAB ID# _____		\$50.00	\$50.00
				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$50.00	
TOTAL ITEMIZED CONTRIBUTIONS	\$50.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$0.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$50.00	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Soglin for Mayor

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
07/03/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	Bank Charges	\$60.29
08/03/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	Bank Charges	\$20.12
09/03/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	Bank Charges	\$39.90

SUBTOTAL EXPENDITURES THIS PAGE	\$120.31
TOTAL ITEMIZED EXPENDITURES	\$3,127.01
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$3,127.01

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Soglin for Mayor

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
10/05/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	Bank Charges	\$39.90
11/03/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	Bank Charges	\$39.90
12/03/2015	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: <input type="checkbox"/> In-Kind Offset	bank charges	\$39.90

SUBTOTAL EXPENDITURES THIS PAGE	\$119.70
TOTAL ITEMIZED EXPENDITURES	\$3,127.01
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$3,127.01

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Soglin for Mayor

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
09/17/2015	Melissa Mulliken Consulting 3306 Gregory St Madison, WI 53711 Payee Type: Business Expense Category: Monetary Expense Purpose: Consulting Fees - General	Fees and reimbursements for services	\$2,500.00
Check if: <input type="checkbox"/> In-Kind Offset			
12/09/2015	Postmaster 215 Martin Luther Ki Madison, WI 53703 Payee Type: Business Expense Category: Monetary Expense Purpose: Administrative Expenses	PO Box rental	\$82.00
Check if: <input type="checkbox"/> In-Kind Offset			
07/03/2015	Union Labor News 1602 S Park St Rm 115 Madison, WI 53715 Payee Type: Business Expense Category: Monetary Expense Purpose: Media - Newspaper	Media - Newspaper	\$180.00
Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL EXPENDITURES THIS PAGE	\$2,762.00
TOTAL ITEMIZED EXPENDITURES	\$3,127.01
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$3,127.01

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

Soglin for Mayor

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
09/09/2015	Union Labor News 1602 S Park St Rm 115 Madison, WI 53715 Payee Type: Business Expense Category: Monetary Expense Purpose: Media - Newspaper Check if: <input type="checkbox"/> In-Kind Offset	Labor Day Ad	\$125.00

SUBTOTAL EXPENDITURES THIS PAGE	\$125.00
TOTAL ITEMIZED EXPENDITURES	\$3,127.01
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$3,127.01

SCHEDULE 3-B

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name
Soglin for Mayor

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

	Full Name, Mailing Address and Zip Code of Loan	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 10/29/2013	Scott Herrick 14 Hidden Hollow Trl Madison, WI 53717	\$200.00	\$0.00	\$0.00	\$200.00

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 Loan	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 11/16/2011	Paul Soglin 121 Standish Ct Madison, WI 53705	\$2,000.00	\$0.00	\$0.00	\$2,000.00

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$2,200.00

TOTAL OUTSTANDING LOANS

\$18,950.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Soglin for Mayor

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

	Full Name, Mailing Address and Zip Code of Loan	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 11/25/2013	Paul Soglin 121 Standish Ct Madison, WI 53705	\$250.00	\$0.00	\$0.00	\$250.00

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 Loan	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 05/06/2014	Paul Soglin 121 Standish Ct Madison, WI 53705	\$16,500.00	\$0.00	\$0.00	\$16,500.00

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$16,750.00

TOTAL OUTSTANDING LOANS

\$18,950.00