

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is this report an Amendment? **NO**

RECEIVED
JAN 15 2016
MADISON CITY CLERK

COMMITTEE IDENTIFICATION

Name of Committee Ledell my Alder c/o Carol Weidel
Address 1237 E Dayton St
City, State, ZIP Madison WI 53703

OFFICE USE ONLY
GAB # ID

NAME OF REPORT Jan 2016 Continuing Pre-Primary 20__ Spring Fall Special
July 2016 Continuing Pre-election 20__ Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals				
B. Contributions from Committees (Transfers-In)				
C. Other Income and Commercial Loans	\$ 39.30			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 39.30			

2. DISBURSEMENTS

A. Gross Expenditures	\$ 35.00			
B. Contributions to Committees (Transfers-Out)				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 35.00			

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 3,473.33			
Total Receipts	\$ 39.30			
Subtotal	\$ 3,512.63			
Total Disbursements	\$ 35.00			
CASH BALANCE AT END OF REPORT	\$ 3,477.63			
INCURRED OBLIGATIONS (at close of period)				
LOANS (at close of period)				

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	Signature of Candidate or Treasurer	Date
Carol Weidel treasurer	<i>Carol Weidel</i>	1/15/2015
	Daytime Phone	608 469-5873

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.
Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.

Ledell my Alder c/o Carol Weidel

Gross Expenditures (NOT contributions to other committees)

SCHEDULE 2-A

IN- KIND	PERSONAL LOAN PYMT	DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	EXPENSE PURPOSE CODE	AMOUNT	COMMENTS
		07/31/15	Union Labor News			1602 S Park Street	Madison	WI	53715	MEDN	35.00	

Ledell my Alder c/o Carol Weidel

SCHEDULE 1-C Other Income and Commercial Loans

DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB.ID	ADDRESS	CITY	ST	ZIP	REASON FOR INCOME	AMOUNT	COMMENTS
12/18/14	Summit CU							interest	\$ 39.30	