

**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 Pre-Primary
 July Continuing 2017 Spring Fall Special
 September Continuing Pre-Election 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	\$ 900.00	\$ 900.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 900.00	\$ 900.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 12.00	\$ 18.00
2B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ 600.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 212.00	\$ 618.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 215.32
Total Receipts	\$ 900.00
Subtotal	\$ 1,115.32
Total Disbursements	\$ 212.00
CASH BALANCE END OF REPORT	\$ 903.32
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 0.00

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	Signature of Candidate or Treasurer	Date: 7/16/17
PAUL E. SKIDMORE	<i>Paul Skidmore</i>	
	Email paulskidmore@tds.net	Daytime Phone: 608-335-1529

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, 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 Of Contributor	Occupation (If year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/21/17	LINDA & RONALD FERRELL 7122 E. VALLEY RIDGE DR. MADISON, WI 53719	ACCOUNTANT	\$400 ⁰⁰	\$400 ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				
3/27/17	JOHN & JO ELLEN MCKENZIE 891 FREELING DRIVE SARASOTA, FL. 34242	DEVELOPER/LANDLORD	\$500 ⁰⁰	\$500 ⁰⁰
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 900 ⁰⁰	900 ⁰⁰
TOTAL ITEMIZED CONTRIBUTIONS	\$ 900 ⁰⁰	900 ⁰⁰
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0 ⁰⁰	0 ⁰⁰
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 900 ⁰⁰	900 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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 0
TOTAL ITEMIZED EXPENDITURES	\$ 0
BANK SERVICE CHARGES TOTAL UNITEMIZED EXPENDITURES	\$ 12.00
TOTAL EXPENDITURES	\$ 12.00

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

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	Amount	Y-T-D Total
3/31/17	FITZ FOR THE FUTURE 5209 ODANA ROAD MADISON, WI 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200 ⁰⁰	400 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 200 ⁰⁰	200 ⁰⁰
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 200 ⁰⁰	200 ⁰⁰

Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☐ Continuing Report due July 15, _____
☐ Continuing Report due 4th Tues. Sept., _____

Friends of Rebecca Kemble

Name of Candidate or Committee (in full)
4217 School Rd Madison WI 57304

Address
6083478097

Daytime Phone

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. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate
Rebecca Kemble

Email Address
kemble4district18@gmail.com

Date
07.15.17

ETHCF-2a | Rev 01/2016 | Wisconsin Ethics Commission P.O. Box 7984, Madison, WI 53707-7984 |
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