CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				<u>aenwen</u>		
Is This Report an Amendment:				6 BIV BM		
Instructions for completing schedules are on the back of each schedule.			A CONTRACTOR OF THE PARTY OF TH	IAN 1 6 2016 P		
COMMITTEE IDENTIFICATION			adam had	71 11 A C C C C C C C C C C C C C C C C C		
Name of Consists Control Contr	MADI	SON CITY CLERK				
Name of Considered School Friends of Lours 5 Street Address Only State and Zip Code Med W1 53704			OFFICE USE ONLY			
City State and Zip Code Med WL 53704.						
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 Pre-Election	Spring 🔲	Fall [S	Special :	Termination Report also complete Schedule 4		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler	ndar	enementation (1990) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)		
1. RECEIPTS		Year-To	>-Date			
1A. Contributions (Including Loans) from Individuals	\$	\$	<u></u>			
1B. Contributions from Committees (Transfers-In)	\$	\$				
1C. Other Income and Commercial Loans	S	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$				
2. DISBURSEMENTS				,		
2A. Gross Expenditures	\$	\$				
2B. Contributions to Committees (Transfers-Out)	\$	\$				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$				
CASH SUMMARY						
Cash Balance Beginning of Report	\$ 8°0 °°					
Total Receipts	s 79.54					
Subiotal	\$ 79.54					
Total Disbursements	\$ 79.54					
CASH BALANCE END OF REPORT	\$ 21.46		•			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s Ø					
LOANS (Balance at the Close of This Períod-3B)	s 0					
I certify that I have examined this report and to the best of n		s true, correct	and comple	te.		
Type or Print Name of Candidate or Treasurer Sig	nature of Candidate or Treasurer	S 8.67. /	Date:	15.16		

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 1 C 1 A
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Gean. Comos	Email den loveres & hors	Hack Daytime Phone: 608 332 2091

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 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.

ETHCF-2L (Rev. 01/16)

The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.



RECEIPTS Contributions (Including Loans) From Individuals

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Instructions for Date	or completing schedules are on the back of each so Full Name, Mailing Address and Zip Code	hedule. Occupation (if year-to-date total exceeds \$200)	Amount of	Y-T-D
	Of Contributor		Contribution	Total
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	Check if: In-Kind Loan Conduit - Ethics ID#	Naidhann		
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 1-1	
TOTAL ITEMIZED CONTRIBUTIONS			<u> </u>	Manager Company Compan
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ 0	·
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			s 74 74	