

**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
Greater Madison Chapter Wisconsin Innkeepers Association PAC

Street Address
424 N. Pinckney St.

City, State and Zip Code
Madison WI 53703

OFFICE USE ONLY

WSEB ID Number:

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 20__ Pre-Primary 20__ Spring Fall Special

July Continuing 20__ Pre-Election 20__ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

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

2. DISBURSEMENTS

A. Gross Expenditures	\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ <i>50⁰⁰</i>	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>50⁰⁰</i>	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1017⁹⁷</i>	\$
Total Receipts	\$	\$
Subtotal	\$	\$
Total Disbursements	\$ <i>50⁰⁰</i>	\$
CASH BALANCE END OF REPORT	\$ <i>967⁹⁷</i>	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$	\$
LOANS (Balance at the Close of This 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 <i>Anke Cramblit</i>	Signature of Candidate or Treasurer <i>Anke Cramblit</i>	Date: <i>1/23/01</i> Daytime Phone: <i>608-255-3999</i>
--	---	---

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.

DISBURSEMENTS

Contributions To Committees (Transfers-Out)

SCHEDULE 2-B

Complete Committee Name
Greater Madison Chapter - Wisconsin Innkeepers Association

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
2/1/00	AHMPAC - Wisconsin Innkeepers Association 1025 S Moorland Dr. Suite 200 Brookfield, WI 53005 Check if: <input type="checkbox"/> In-Kind	\$50 ⁰⁰		
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 50		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 50 ⁰⁰		