

**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

PAUL SKIDMORE

Street Address

12 CORONADO CT. #1

City, State and Zip Code

MADISON, WI 53705

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 2001 Pre-Election 20__ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

A. Contributions including Loans from Individuals

\$ 76.86

\$ 466.86

\$

\$

B. Contributions from Committees (Transfers-In)

\$ 100.00

\$ 125.00

\$

\$

C. Other Income and Commercial Loans

\$

\$

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 176.86

\$ 591.86

\$

\$

2. DISBURSEMENTS

A. Gross Expenditures

\$ 79.40

\$ 325.32

\$

\$

B. Contributions to Committees (Transfers-Out)

\$

\$

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 79.40

\$ 325.32

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 169.08

\$

Total Receipts

\$ 176.86

\$

Subtotal

\$ 345.94

\$

Total Disbursements

\$ 79.40

\$

CASH BALANCE END OF REPORT

\$ 266.54

\$

INCURRED OBLIGATIONS

\$

\$

(Balance at the Close of This Period)

0.00

LOANS (Balance at the Close of This Period)

\$

0.00

\$

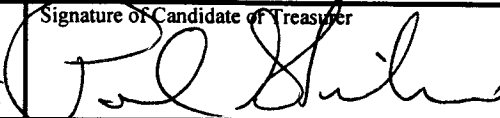
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 7/20/01

PAUL EDWARD SKIDMORE



Daytime Phone: 608-845-5111

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.

Contributions Including Loans From Individuals

Complete Committee Name

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 contribution exceeds \$100)	Amount	Calendar Year to Date Total
4/14/01	PAUL SKIDMORE 12 CORONADO CT #1 MADISON WI 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$26.86	\$26.86 Office Use
4/14/01	J.R. Stolz 7429 FARMINGTON WAY MADISON WI 53717 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$50.00	\$50.00 Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 76.86

TOTAL ITEMIZED CONTRIBUTIONS

\$ 76.86

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 76.86

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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

Date	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
4/14/01	FRIENDS OF SUE HANBLIN 9 EASTBOURNE CIR MADISON WI 53717 Check if: <input type="checkbox"/> In-Kind	100.00	\$ 100.00	
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 100.00		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 100.00		

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
PAUL EDWARD 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	Office Use
4/7/01	KINKOS 7805 MINERAL POINT ROAD MADISON, WI 53717	PRINTING HANDOUTS	26 ³⁸	
3/24/01	KINKOS 7805 MINERAL POINT ROAD MADISON, WI 53717	PRINTING HANDOUTS	26 ³⁸	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$	52 ⁷⁶	
TOTAL ITEMIZED EXPENDITURES	\$	52 ⁷⁶	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$	26 ⁶⁴	
TOTAL EXPENDITURES	\$	79 ⁴⁰	