

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

RECEIVED: CITY OF MADISON
CLERKS OFFICE

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

03 JUL 24 PM 1:23

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code

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

I. RECEIPTS

A. Contributions including Loans from Individuals

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

\$ 307.⁰⁰

\$ 307.⁰⁰

\$ \$

\$ 0

\$ 0

\$ \$

\$ 0

\$ 0

\$ \$

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

\$ 307.⁰⁰

\$ 307.⁰⁰

\$ \$

2. DISBURSEMENTS

A. Gross Expenditures

\$ 307.⁰⁰

\$ 307.⁰⁰

\$ \$

B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

\$ \$

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

\$ 307.⁰⁰

\$ 307.⁰⁰

\$ \$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 151.⁰⁰

\$

Total Receipts

\$ 307.⁰⁰

\$

Subtotal

\$ 458.⁰⁰

\$

Total Disbursements

\$ 307.⁰⁰

\$

CASH BALANCE END OF REPORT

\$ 151.⁰⁰

\$

INCURRED OBLIGATIONS

(Balance at the Close of This Period)

\$ 0

\$

LOANS (Balance at the Close of This Period)

\$ 0

\$

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:

LeJordan

LeJordan

7-24-03

Daytime Phone: 848-9921

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.

RECEIPTS
Contributions Including Loans From Individuals

Complete Committee Name
Run Zach Run

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
5 20 03	Zach Brandon Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		21. ⁰⁰	157. ⁰⁰ Office Use
3 20 03	Zach Brandon Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		286. ⁰⁰	443. ⁰⁰ Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use
//				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 307.⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 307.⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ /

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 307.⁰⁰

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Run Zach Run

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
5/24/03	US Postal Service	Rent PO Box	21. ⁰⁰	
3/20/03	1-888-Magnets.com	magnets + bags	286. ⁰⁰	
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
1/1				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 307. ⁰⁰	
TOTAL ITEMIZED EXPENDITURES			\$ 307. ⁰⁰	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ /	
TOTAL EXPENDITURES			\$ 307. ⁰⁰	