

RECEIVED CLY OF MADISON
CLERKS OFFICE

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

04 JUL 20 PM 4:05

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee: Run Zach Run
 Street Address: P.O. Box 2701
 City, State and Zip Code: Madison, WI 53701-2701

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 Pre-Primary Spring Fall Special
 July Continuing 2004 Pre-Election Spring Fall Special Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1. RECEIPTS

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

CASH SUMMARY

Cash Balance Beginning of Report	\$ 151. ⁰⁰	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 151. ⁰⁰	\$
Total Disbursements	\$ 0	\$
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 <u>Le Jordan</u>	Signature of Candidate or Treasurer <u>Le Jordan</u>	Date: <u>7-20-04</u> Daytime Phone: <u>608-848-9921</u>
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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.