

RECEIVED-CITY OF MADISON  
CLERK'S OFFICE

04 JUL 20 PM 2: 21

**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 EDWARD SKIDMORE (FRIENDS OF SKIDMORE)

Street Address

13 RED MAPLE TRAIL

City, State and Zip Code

MADISON, WI 53717

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	\$ 0.00	\$ 0.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 50.00	\$ 50.00	\$	\$
C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	<b>\$ 50.00</b>	<b>\$ 50.00</b>	<b>\$</b>	<b>\$</b>

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 430.00	\$ 430.00	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	<b>\$ 430.00</b>	<b>\$ 430.00</b>	<b>\$</b>	<b>\$</b>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1,476.44	\$
Total Receipts	\$ 50.00	\$
Subtotal	\$ 1,526.44	\$
Total Disbursements	\$ 430.00	\$
<b>CASH BALANCE END OF REPORT</b>	<b>\$ 1,096.44</b>	<b>\$</b>
<b>INCURRED OBLIGATIONS</b>		
(Balance at the Close of This Period)	\$ 0.00	\$
<b>LOANS (Balance at the Close of This Period)</b>	<b>\$ 0.00</b>	<b>\$</b>

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

PAUL SKIDMORE

Signature of Candidate or Treasurer



Date: 7/20/04

Daytime Phone: 608-945-3230

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.

EB-2 (Rev. 5/97) (Ref. 3/98) (Y2K 2/00) This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005.

RECEIPTS  
Contributions Including Loans From Individuals

Complete Committee Name  
**PAUL SKIDMORE (FRIENDS OF SKIDMORE)**

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
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/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			<b>Office Use</b>
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 0.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 0.00

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name

PAUL SKIDMORE (FRIENDS OF SKIDMORE)

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
1/20/07	FIREFIGHTERS LOCAL 311 821 WILLIAMSON ST, MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind	50 <sup>00</sup>	50 <sup>00</sup>	
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
1 / /	Full Name of Committee, Mailing Address and ZIP Code  Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		\$ 50 <sup>00</sup>		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		\$ 50 <sup>00</sup>		

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**PAUL SKIDMORE (FRIENDS OF 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
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<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 0.00
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ 0.00
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	\$ 430.00
<b>TOTAL EXPENDITURES</b>	\$ 430.00