

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

RECEIVED - CITY OF MADISON  
CLERKS OFFICE

05 JUL 12 PM 12:14

Is This Report an Amendment:  Yes  No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

*Backer for City Council*

Street Address

*1421 Waldorf Blvd.*

City State and Zip Code

*Madison, WI 53719*

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 *2005*  Pre-Election \_\_\_\_\_  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

1A. Contributions (Including Loans) from Individuals	\$ <i>0</i>	\$ <i>1455.00</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>400.00</i>	\$	\$
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>0</i>	\$ <i>1855.00</i>	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>0</i>	\$ <i>1943.96</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>0</i>	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>0</i>	\$ <i>1943.96</i>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>3.30</i>	\$
Total Receipts	\$ <i>0</i>	\$
Subtotal	\$ <i>3.30</i>	\$
Total Disbursements	\$ <i>0</i>	\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>3.30</i>	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$	\$

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 <u>Candidate</u> or Treasurer	Signature of Candidate or Treasurer	Date: <i>7/7/05</i>
<i>Aaron J. Backer</i>	<i>[Signature]</i>	Daytime Phone: <i>608-251-6211</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