

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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CLERKS OFFICE

05 JUL 19 PM 1:49

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 270

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 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	\$ 19.00	\$ 19.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 19.00	\$ 19.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 19.00	\$ 19.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 19.00	\$ 19.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 151.00	\$
Total Receipts	\$ 19.00	\$
Subtotal	\$ 170.00	\$
Total Disbursements	\$ 19.00	\$
CASH BALANCE END OF REPORT	\$ 151.00	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$
LOANS (Balance at the Close of This Period-3B)	\$ 0	\$

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

Print Name of Candidate or Treasurer

Le Jordan

Signature of Candidate or Treasurer

Le Jordan

Date: 7-18-05

Daytime Phone: 608-848-9921

E: 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 50, 11.61, Wis. Stats

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 year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
6/1 '05	Zach Brandon		19.00	19.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 19.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 19.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 19.00

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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
6/1/05	US Postal Service	Rent PO Box	19.00	
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 19.00

TOTAL ITEMIZED EXPENDITURES \$ 19.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0.00

TOTAL EXPENDITURES \$ 19.00