

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERKS OFFICE
05 JUL 18 PM 12:52

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Greater Madison Chapter Wisconsin Innkeepers Association

Street Address
516 Grand Canyon Drive

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

| | Column A This Period | Column B Calendar Year-To-Date | Audited Totals Office Use Only | |
|--|-------------------------|--------------------------------------|-----------------------------------|----|
| 1. RECEIPTS | | | | |
| 1A. Contributions (Including Loans) from Individuals | \$ | \$ | \$ | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ <i>200.00</i> | \$ <i>200.00</i> | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>200.00</i> | \$ <i>200.00</i> | \$ | \$ |
| 2. DISBURSEMENTS | | | | |
| 2A. Gross Expenditures | \$ | \$ | \$ | \$ |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ <i>600.00</i> | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ <i>600.00</i> | \$ | \$ |

CASH SUMMARY

| | | |
|---|------------------|----|
| Cash Balance Beginning of Report | \$ <i>150.00</i> | \$ |
| Total Receipts | \$ <i>200.00</i> | \$ |
| Subtotal | \$ | \$ |
| Total Disbursements | \$ | \$ |
| CASH BALANCE END OF REPORT | \$ <i>350.00</i> | \$ |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ | \$ |
| LOANS (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 Candidate or Treasurer <i>David Monte</i> | Signature of Candidate or Treasurer <i>David Monte</i> | Date: <i>7/15/05</i> |
| | | Daytime Phone: <i>608-893-3511 x600</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

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Greater Madison Chapter Wisconsin Taxkeepers Association

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 |
|--|--|-----------|-----------------------------|------------|
| 4/10/05 | Friends of Kimi EsHOAETH Returned check of CONTRIBUTION | \$ 200.00 | | |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| / / | Full Name of Committee Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# | | | |
| SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | | \$ | | |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | \$ 200.00 | | |