

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

RECEIVED-CITY OF MADISON
CLERKS OFFICE

05 DEC 29 PM 2:31

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 2006 Pre-Primary _____ Spring Fall Special
 July Continuing _____ 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

	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>	\$	\$
TOTAL RECEIPTS (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>	\$	\$
TOTAL DISBURSEMENTS (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>		\$
CASH BALANCE END OF REPORT	\$ <i>3.30</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>Aaron J. Backer</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>12/29/05</i> Daytime Phone: <i>251-6211</i>
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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.