

Original via mail.

RECEIVED STATE ELECTIONS  
CLERKS OFFICE

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

06 JUL 21 AM 8:15  
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 06  Pre-Election  Spring  Fall  Special

Termination Report also complete Schedule 4

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ 28.95	\$ 28.95	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 28.95	\$ 28.95	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 28.95	\$ 28.95	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 28.95	\$ 28.95	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 151.00	\$
Total Receipts	\$ 28.95	\$
Subtotal	\$ 179.95	\$
Total Disbursements	\$ 28.95	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 151.00	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0	\$

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 <u>Le Jordan</u>	Signature of Candidate or Treasurer <u>Le Jordan</u>	Date: <u>7-20-2006</u>
		Daytime Phone: <u>848-9921</u>

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-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
Run Zach Run

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
1/20/06	Zach Brandon		20.00	20.00
2/10/06	Zach Brandon		8.95	28.95
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$28.95	
TOTAL ITEMIZED CONTRIBUTIONS			\$28.95	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$0	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$28.95	

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name

*Run Zach Run*

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
1/20/06	US Postal Service	PO BOX	20. <sup>00</sup>	
	Check if: <input type="checkbox"/> In-Kind Offset			
2/10/06	GoDaddy.com	Registration Renewal (web Page)	8. <sup>95</sup>	
	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	\$ 28. <sup>95</sup>	
TOTAL ITEMIZED EXPENDITURES	\$ 28. <sup>95</sup>	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 0	
TOTAL EXPENDITURES	\$ 28. <sup>95</sup>	