

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:  Yes  No

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

07 JUL 23 PM 1:51  
postmarked 7/24/07

**COMMITTEE IDENTIFICATION**

Name of Committee: BREW FOR SCHOOL BRAND

Street Address: 5915 MAY HILL

City State and Zip Code: MADISON WI 53711

WSEB ID Number:

OFFICE USE ONLY

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     Pre-Election     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

|   | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date | Audited Totals<br>Office Use Only |    |
|---|-------------------------|--------------------------------------|-----------------------------------|----|
| 1A. Contributions (Including Loans) from Individuals  | \$ 5163.34              | \$ 5163.38                           | \$                                | \$ |
| 1B. Contributions from Committees (Transfers-In)      | \$                      | \$                                   | \$                                | \$ |
| 1C. Other Income and Commercial Loans                 | \$                      | \$                                   | \$                                | \$ |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C) | \$ 5163.38              | \$ 5163.38                           | \$                                | \$ |

**2. DISBURSEMENTS**

|  |           |            |    |    |
|--|-----------|------------|----|----|
| 2A. Gross Expenditures                                 | \$ 463.38 | \$ 5163.38 | \$ | \$ |
| 2B. Contributions to Committees (Transfers-Out)        | \$        | \$         | \$ | \$ |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 463.38 | \$ 5163.38 | \$ | \$ |

**CASH SUMMARY**

|   |            |    |
|---|------------|----|
| Cash Balance Beginning of Report  | \$ 0       | \$ |
| Total Receipts  | \$ 5163.38 | \$ |
| Subtotal  | \$         | \$ |
| Total Disbursements   | \$ 5163.38 | \$ |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ 0       | \$ |
| <b>INCURRED OBLIGATIONS</b><br>(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<br><u>TOM BREW</u> | Signature of Candidate or Treasurer<br><u>[Signature]</u> | Date: <u>7/18/07</u><br>Daytime Phone: <u>273-0860</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  
Brewton School Board

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               |
|---------|--|---|---------|---|
| 3/21/07 | Ken Lund Etc<br>6225 M. road Pt Rd<br>MADISON WI 53705<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan  | Retired   | \$500   | 500<br>Office Use                         |
| 3/30/07 | Dale Nordeman<br>4225 Yuma Dr<br>Madison WI<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan             | Retired   | \$300   | 300<br>Office Use                         |
| 3/29/07 | Kim Buehler<br>4025 Dennis Dr<br>Madison WI 53714<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan       | Retired   | \$50    | 50<br>Office Use                          |
| 4/02/07 | Tom BREW<br>5905 MAYHILL<br>MADISON WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan | MINI<br>POB 5006<br>Madison WI 53705<br>Carpenter Program   | 4138.38 | Office Use                                |
| / /     | Full Name Mailing Address and Zip Code<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan                  | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount  | Calendar Year-to-Date Total<br>Office Use |
| / /     | Full Name Mailing Address and Zip Code<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan                  | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount  | Calendar Year-to-Date Total<br>Office Use |
| / /     | Full Name Mailing Address and Zip Code<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan                  | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount  | Calendar Year-to-Date Total<br>Office Use |
| / /     | Full Name Mailing Address and Zip Code<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan                  | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount  | Calendar Year-to-Date Total<br>Office Use |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 4998.38

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 175

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 5163.38

**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<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|--|---|------------------------------------|------------|------------|
| 3/25/07                                    | City of Madison   | Victor List                        | 34.00      |            |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| 4/3/07                                     | 1st Class Mailers<br>485 1/2 N. Fair Oaks Av<br>Madison                                 | Campaign<br>Mailings               | 1693.38    |            |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| 4/2/07                                     | Full Impact, LLC  | Phone<br>Calls                     | 2,448.00   |            |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| 4/1/07                                     | Kinco's<br>Madison WI   | Printing                           | 988.00     |            |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| / /  | Full Name Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| / /  | Full Name Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| / /  | Full Name Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| / /  | Full Name Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| / /  | Full Name Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of<br>Expenditure | Amount     | Office Use |
|  | Check if: <input type="checkbox"/> In-Kind Offset                                       |                                    |            |            |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE   |   |                                    | \$ 5163.38 |            |
| TOTAL ITEMIZED EXPENDITURES                |   |                                    | \$         |            |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS |   |                                    | \$         |            |
| TOTAL EXPENDITURES                         |   |                                    | \$ 5163.38 |            |

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
*Brew for School Board*

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS**  
*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

| Date | Recipient | Amount |
|------|-----------|--------|
|      |           |        |

**LOAN OR DEBT FORGIVENESS**  
*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
|      |                                  |        |

TERMINATION REQUEST I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

*Tom Brew*  
 \_\_\_\_\_  
 Signature of Candidate or Treasurer

*7/14/07*  
 \_\_\_\_\_  
 Date