

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes         No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

TAA-PAC

Street Address

254 W. Gilman St.

City State and Zip Code

Madison, WI 53703

07 JUL 20 PM 3:55

**OFFICE USE ONLY**

WSEB ID Number: 500519

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 07     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

\$ 901.00    \$ 1369.00

1B. Contributions from Committees (Transfers-In)

\$ 0    \$ 0

1C. Other Income and Commercial Loans

\$ 0    \$ 0

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 901.00    \$ 1369.00

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 381.30    \$ 783.83

2B. Contributions to Committees (Transfers-Out)

\$ 0    \$ 609.00

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 381.30    \$ 1392.83

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 734.01

Total Receipts

\$ 901.00

Subtotal

\$ 1635.01

Total Disbursements

\$ 381.30

**CASH BALANCE END OF REPORT**

\$ 1253.71

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ 216.34

**LOANS** (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

RYAN LIPSCOMB

Signature of Candidate or Treasurer



Date: 7/15/2007

Daytime Phone: 608-843-1773

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.

Complete Committee Name  
**TAA-PAC**

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
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 0

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 901.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 901.00

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

**TAAJ-PAC**

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
3/21/07	City of Madison Treasurer 201 MLK Jr Blvd #107 Madison, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	purchase of absentee voter log	\$34.00	
3/23/07	Claiborne Hill 3305 Queens way Monona, WI Check if: <input checked="" type="checkbox"/> In-Kind Offset	reimbursement for stamps & office supplies	\$267.75	
3/23/07	Glass Nickel Pizza 2916 Atwood Ave. Madison, WI 53704 Check if: <input checked="" type="checkbox"/> In-Kind Offset	pizza for volunteer night	\$35.55	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 337.70	
TOTAL ITEMIZED EXPENDITURES			\$ 337.30	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 44	
TOTAL EXPENDITURES			\$ 381.30	

**SCHEDULE 3-A**

**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name  
**TAA - PAC**

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
4/3/07	SEIU Phone, LLC 1395 Dublin Rd. Columbus, OH 43215	<del>51.60</del> 0	51.60	0	51.60	
		Nature of Debt (Purpose) Autodial GOTV call for Robbe Webber				
3/23/07	TAA 254 W Gilman St. Madison, WI 53703	0	164.74	0	164.74	
		Nature of Debt (Purpose) Volunteer recruitment calls to union members				
/ /						
		Nature of Debt (Purpose)				
/ /						
		Nature of Debt (Purpose)				
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		Nature of Debt (Purpose)				
/ /						
		Nature of Debt (Purpose)				
/ /						
		Nature of Debt (Purpose)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$ 216.34	
TOTAL ITEMIZED OBLIGATIONS	\$ 216.34	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$ 0	
TOTAL INCURRED OBLIGATIONS	\$ 216.34	