

**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  
*GREATER MADISON CHAPTER WISCONSIN INNKEEPERS ASSOCIATION*

Street Address  
*400 RIVER PLACE*

City, State and Zip Code  
*MADISON WI 53716*

WSEB ID Number: *CF020*

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 *2008*     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	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ <i>1000.00</i>	\$ <i>1000.00</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>1000.00</i>	\$ <i>1000.00</i>	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$ <i>1000.00</i>	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$ <i>1000.00</i>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>0</i>	\$
Total Receipts	\$ <i>1000.00</i>	\$
Subtotal	\$ <i>1000.00</i>	\$
Total Disbursements	\$ <i>0</i>	\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>1000.00</i>	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$	\$
<b>LOANS</b> (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>1/9/08</i>
		Daytime Phone: <i>608-221-0055 x 151</i>

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

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

**Contributions (Including Loans) From Individuals**

Complete Committee Name

*GREATER MADISON CHAPTER WISCONSIN INNKEEPERS ASSOCIATION*

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			
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
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			
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			
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			
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			
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			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 1000.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	