

postmarked 1-31-08

**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 WISCONSIN STATE ELECTIONS BOARD  
CLEARING OFFICE

09 FEB -1 PM 1:33

**COMMITTEE IDENTIFICATION**

Name of Committee  
**PAUL EDWARD SKIDMORE (FRIENDS OF SKIDMORE)**

Street Address  
**3030 GATEWAY PLACE**

City, State and Zip Code  
**MADISON, WI. 53704**

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 2008  Pre-Primary  Spring  Fall  Special  
 July Continuing  Pre-Election  Spring  Fall  Special

Termination Report  
also complete Schedule 4

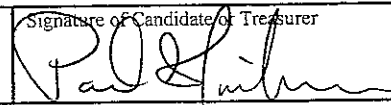
**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	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	\$ 0.00	\$ 5,277.85	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 600.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 5,877.85	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 478.86	\$ 6,440.41	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 478.86	\$ 6,440.41	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1,532.78	\$
Total Receipts	\$ 0.00	\$
Subtotal	\$ 1,532.78	\$
Total Disbursements	\$ 478.86	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 1,053.92	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 615.00	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0.00	\$

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 <b>PAUL SKIDMORE</b>	Signature of Candidate or Treasurer 	Date: <b>1/31/08</b>
		Daytime Phone: <b>608-209-6557</b>

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

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**FRIENDS OF SKIDMORE (PAUL SKIDMORE)**

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
7/13/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	50 <sup>00</sup>	
8/13/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	50 <sup>00</sup>	
9/13/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	50 <sup>00</sup>	
10/11/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	19 <sup>07</sup>	
11/11/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI. 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	30 <sup>93</sup>	
11/07/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI. 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	50 <sup>00</sup>	
12/9/07	MURPHY DESMOND, SC. 2 E. MIFFLAW ST. #800 MADISON, WI. 53701 Check if: <input type="checkbox"/> In-Kind Offset	LEGAL SERVICES PD. ON ACNT.	50 <sup>00</sup>	
/ /	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			\$ 300 <sup>00</sup>	
TOTAL ITEMIZED EXPENDITURES			\$ 300 <sup>00</sup>	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 178 <sup>86</sup>	
TOTAL EXPENDITURES			\$ 478 <sup>86</sup>	

**SCHEDULE 3-A**

**ADDITIONAL DISCLOSURE**  
Incurred Obligations Excluding Loans

Complete Committee Name  
**FRIENDS OF SKIDMORE SKIDMORE** (PAUL)

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

		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
Date	Full Name Mailing Address and Zip Code of Creditor					
3/24/07	MURPHY DESMOND, SC. 2 E. MIFFLIN ST. # 800 MADISON, WI. 53701	915 <sup>00</sup>	0 <sup>00</sup>	300 <sup>00</sup>	615 <sup>00</sup>	
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE				\$ 615 <sup>00</sup>
		TOTAL ITEMIZED OBLIGATIONS				\$ 615 <sup>00</sup>
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS				\$ 0.00
		TOTAL INCURRED OBLIGATIONS				\$ 615 <sup>00</sup>