

**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

WI Innkeepers Assn Madison Chapter

Street Address

4820 Hayes Road

City, State and Zip Code

Madison, WI 53704

OFFICE USE ONLY

XWSEB ID Number: CF020

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 2008     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

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals

\$ 0

\$ 0

\$ \$

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)

\$ 0

\$ 0

\$ \$

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 0

\$ 0

\$ \$

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

\$ \$

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

\$ 0

\$ 0

\$ \$

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 1000.00

\$

Total Receipts

\$ 0

\$

Subtotal

\$ 1000.00

\$

Total Disbursements

\$ 0

\$

**CASH BALANCE END OF REPORT**

\$ 1000.00

\$

**INCURRED OBLIGATIONS**

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

\$

\$

**LOANS** (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

Signature of Candidate or Treasurer

Date: 7-17-08

Eric J Zimmerman

*Eric J Zimmerman*

Daytime Phone: 608-244-9400

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