

**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
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COMMITTEE IDENTIFICATION

Name of Committee

COMMUNITIES AND SCHOOLS TOGETHER (CAST)

Street Address

2935 FISH HATCHERY RD #183

City, State and Zip Code

MADISON WI 53711

STATE OF WISCONSIN
ELECTIONS BOARD
OFFICE USE ONLY

WSEB ID Number:

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

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 50.00	\$ 50.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 50.00	\$ 50.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$482.80	\$482.80	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$482.80	\$482.80	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$889.76		\$
Total Receipts	\$ 50.00		\$
Subtotal	\$939.76		\$
Total Disbursements	\$482.80		\$
CASH BALANCE END OF REPORT	\$456.96		\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00		\$
LOANS (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 JACKIE WOODRUFF	Signature of Candidate or Treasurer <i>Jackie Woodruff</i>	Date: 1/31/8 Daytime Phone: 608/347-3832
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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

COMMUNITIES AND SCHOOLS TOGETHER (CAST)

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
9 / 19 / 7	JERRY EYKHOLT 477 WOODSIDE TERRACE MADISON WI 53711		50.00	50.00
				Office Use
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
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
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
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
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
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
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
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 50.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 50.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 0.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 50.00	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
COMMUNITES AND SCHOOLS TOGETHER (CAST)
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
7/1/7	THE UPSC STORE 2935 FISH HATCHERY RD MADISON WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	POST OFFICE BOX	174.00	
8/16/7	SOUTH CENTRAL FEDERATION LABOR 1602 S PARK STREET MADISON WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	TABLE FEE FOR LABORFEST	25.00	
9/16/7	MATTHEW CALVERT 1232 SPAIGHT STREET MADISON WI 53708 Check if: <input type="checkbox"/> In-Kind Offset	LITERATURE INFO SHEETS FROM LAKESIDE	283.80	
/ /	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			\$482.80	
TOTAL ITEMIZED EXPENDITURES			\$482.80	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0.00	
TOTAL EXPENDITURES			\$482.80	