

**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: *Cindy Thomas for City Council*  
 Street Address: *2106 Teal Dr*  
 City State and Zip Code: *Madison, WI 53711*

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     Pre-Primary     Spring     Fall     Special  
 July Continuing *08*     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	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1414.12	\$ 1414.12	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 200. <sup>00</sup>	\$ 200. <sup>00</sup> /100	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1614.12	\$ 1614.12	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1614.12	\$
Total Receipts	\$ -- 0 --	\$
Subtotal	\$ 1614.12	\$
Total Disbursements	\$ 1614.12	\$
<b>CASH BALANCE END OF REPORT</b>	\$ -- 0 --	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0	\$
<b>LOANS</b> (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 <i>Cindy Thomas for City Council</i>	Signature of Candidate or Treasurer <i>Cynthia M Thomas</i>	Date: <i>July 7, 08</i>
		Daytime Phone: <i>608-271-5201</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

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Cindy Thomas for City Council

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
4/4/08	Lussier Community Education 7011 Flower Lane Apt 3 Atr Center Madison, WI 53717		\$ 500.00/100	
7/3/08	Meadowridge Branch Library 5740 Raymond Rd Madison, WI 53711		\$ 914.12/100	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1414.12	
TOTAL ITEMIZED EXPENDITURES			\$ 1414.12	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -	
TOTAL EXPENDITURES			\$	

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name  
*Cindy Thomas for City Council*

Instructions for completing schedules are on the back of each schedule

Date	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
3/12/08	Friends of Ronn Ferrell 7122 E Valley Ridge Dr Madison, WI 53719 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	\$100.00	\$100.00	
3/17/08	Friends for David Glomp 1705 Redwood Lane Madison, WI 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	\$100.00	\$100.00	
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 200.00		

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name

Cindy Thomas for City Council

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

**DISPOSAL OF RESIDUAL FUNDS**

*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
7/4/08	Lussier Community Education Center 7011 Flower Lane Madison, WI 53717	Meadowridge Branch Library 5740 Raymond Rd Madison, WI 53711
		\$1 500 \$1 914.12

**LOAN OR DEBT FORGIVENESS**

*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Cynthia M. Thomas

Date

July 3, 2008