

**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

Zeppera for Madison

Street Address

1337 Jennifer St

City, State and Zip Code

Madison WI 53703

OFFICE USE ONLY

WSEB ID Number: *CFZ10*

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 *2009* 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

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals	\$ <i>0</i>	\$ <i>0-</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>0-</i>	\$	\$
1C. Other Income and Commercial Loans	\$ <i>1.61</i>	\$ <i>3.79</i>	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>1.61</i>	\$ <i>3.79</i>	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>885.77</i>	\$ <i>885.77</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>-</i>	\$ <i>-</i>	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>885.77</i>	\$ <i>885.77</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>884.16</i>	\$
Total Receipts	\$ <i>1.61</i>	\$
Subtotal	\$ <i>885.77</i>	\$
Total Disbursements	\$ <i>885.77</i>	\$
CASH BALANCE END OF REPORT	\$ <i>0</i>	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>	\$
LOANS (Balance at the Close of This Period-3B)	\$ <i>0</i>	\$

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: <i>2-2-09</i>
<i>Marsha Rummel, treasurer</i>	<i>Marsha Rummel</i>	Daytime Phone: <i>257-6050</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 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Zippner for Madison

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
<i>12/29/08</i>	<i>Heartland Credit Union 5325 High Crossing Blvd Madison 53713</i>	<i>Interest</i>	<i>1.61</i>	
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SUBTOTAL OTHER INCOME THIS PAGE			\$ <i>1.61</i>	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$ <i>1.61</i>	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Zimmer for Madison

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
12/29/08	Wisconsin Democracy Campaigns 210 N Bissett St Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	donation to nonprofit to dispose of residual funds	200 ⁰⁰	
12/29/08	Progressive Magazine 4041 E Main St Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	dispose of residual	200 ⁰⁰	
12/29/08	Wil-Mar Neighborhood Center 953 Jenifer St Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	dispose of residual	200 ⁰⁰	
12/29/08	WORT FM radio 118 S Bedford St Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	dispose of residual	285 ⁷⁷	
/ /	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			\$ 885.77	
TOTAL ITEMIZED EXPENDITURES			\$ 885.77	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 885.77	

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Zupperer for Madison

WSEB ID Number

LF210

- 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
12/29/08	Wisconsin Democracy Campaign	200--
↓	Progressive Magazine	200--
	Wilmar Neighborhood Center	200--
	WORT-FM	285.77

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
		0

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.

Marsler

Signature of Candidate or Treasurer

2-2-09

Date