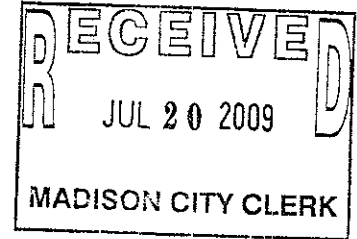


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee: Eagon for City Council
 Street Address: 614 Mendota Ct. Apt. B
 City State and Zip Code: Madison, WI 53703

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 2009 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	\$ 715.00	\$	\$ 715
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 400.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 1115.00	\$	\$ 1115
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 397.15	\$ 1157.48	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 397.15	\$ 1157.48	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 412.75	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 412.75	\$
Total Disbursements	\$ 397.15	\$
CASH BALANCE END OF REPORT	\$ 15.60	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$
LOANS (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 <u>Emily Fitch</u>	Signature of Candidate or Treasurer <u>Emily Fitch</u>	Date: <u>7/15/2009</u> Daytime Phone: <u>708-744-5731</u>
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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

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name Eagon 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
	Check if: <input type="checkbox"/> In-Kind Offset			
4/7/09	Walgreens 311 E Campus Mall Madison, WI 53703	Supplies for post-election press conference	\$29.96	
	Check if: <input type="checkbox"/> In-Kind Offset			
3/25/09	Wells Print & Digital 3121 Watford Way Madison, WI 53713	printing of literature	\$307.19	
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 397.15	
TOTAL ITEMIZED EXPENDITURES			\$ 397.15	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 397.15	