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Campaign Finance Report Short Form EB-2a State Elections Board	W.S.E.B. ID Number	09 SEP 10 AM 11:01
	GOVERNMENT ACCOUNTABILITY BOARD	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan 31 _____	
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, <input checked="" type="checkbox"/>	

Greater Madison Chapter Wisconsin Innkeepers Association

Name of Candidate or Committee (in full)
 483 Commerce Drive
 Address (number and street)
 Madison, WI 53719
 City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<i>Jill Kea</i>	9/8/09	608-271-0200