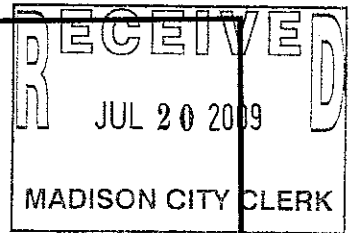


**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**



Is this report an Amendment?      YES    NO XX

**COMMITTEE IDENTIFICATION**

Name of Committee      Satya Rhodes-Conway for City Council  
 Address                    2642 Hoard St  
 City, State, ZIP            Madison WI 53704

OFFICE USE ONLY

WSEB # ID

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 2009      Spring    Fall    Special

Termination Report  
also complete  
Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
<b>TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)</b>	\$ -	\$ -		

**1. DISBURSEMENTS**

A. Gross Expenditures	\$ 300.80	\$ 338.78		
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -		
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ 300.80	\$ 338.78		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 793.04			
Total Receipts	\$ -			
Subtotal	\$ 793.04			
Total Disbursements	\$ 300.80			
<b>CASH BALANCE AT END OF REPORT</b>	\$ 492.24			
<b>INCURRED OBLIGATIONS</b>	\$ -			
(Balance at the Close of This Period 3-A)				
<b>LOANS (Balance at the Close of This Period-3B)</b>	\$ -			

*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 Mary T. Anglim	Signature of Candidate or Treasurer 	Date 7/19/2009 Daytime Phone 608-249-0031
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NOTE: The information on this form is required by ss 11 06 11 20 Wis. Stats  
 Failure to provide this information may subject you to the penalties of ss 11 60 11 62 Wisconsin Stats

Complete Committee Name

Satya Rhodes-Conway 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
4/10/2009	Northside Planning Council 2702 International Ln, Ste 203 Madison WI 53704 Check if: In-Kind Offset	Ad in Northside News	110.00	
6/26/2009	Satya Rhodes-Conway 2642 Hoard St Madison WI 53704 Check if: In-Kind Offset	Loan repayment	190.80	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: 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: 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: 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: 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: 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: 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: In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			300.80	
<b>TOTAL ITEMIZED EXPENDITURES</b>			300.80	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			-	
<b>TOTAL EXPENDITURES</b>			300.80	

Loans

Individual, Committee or Commercial

Complete Committee Name  
**Satya Rhodes-Conway for City Council**

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

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	Satya Rhodes-Conway 2642 Hoard St Madison WI 53704	\$ 190.80	\$ -	\$ 190.80	\$ -

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date					

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date					

Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Name and Address of Employer			
		Amount Guaranteed Outstanding			
		\$			

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ -
<b>TOTAL OUTSTANDING LOANS</b>	\$ -