

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is this report an Amendment? NO

COMMITTEE IDENTIFICATION

Name of Committee **Committee for Carl for Council**

Address **1441 Williamson Street**

City, State, ZIP **Madison, WI 53703-4174**

OFFICE USE ONLY

WSEB # ID **CFD40**

Please check if address is different than previously reported

NAME OF REPORT **January Continuing 2009 Campaign Finance Report**

July 1 - December 31, 2008

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

\$ 0.80 \$ 0.80

TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)

\$ 0.80 \$ 0.80

1. DISBURSEMENTS

A. Gross Expenditures

B. Contributions to Committees (Transfers-Out)

\$ - \$ -

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ - \$ -

CASH SUMMARY

Cash Balance at Beginning of Report

\$ 498.71 \$ -

Total Receipts

\$ 0.80 \$ 0.80

Subtotal

\$ 499.51 \$ 0.80

Total Disbursements

\$ - \$ -

CASH BALANCE AT END OF REPORT

\$ 499.51 \$ 0.80

INCURRED OBLIGATIONS (at close of period)

\$ - \$ -

LOANS (at close of period)

\$ - \$ -

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

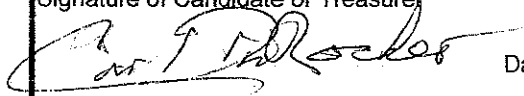
Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date **22-Jan-09**

Carl DuRocher

Candidate/Treasurer



Daytime Phone **251-8637**

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.

