

**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

914 Mendota Ct. Apt. B

City, State and Zip Code

Madison, WI 53703

OFFICE USE ONLY

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 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

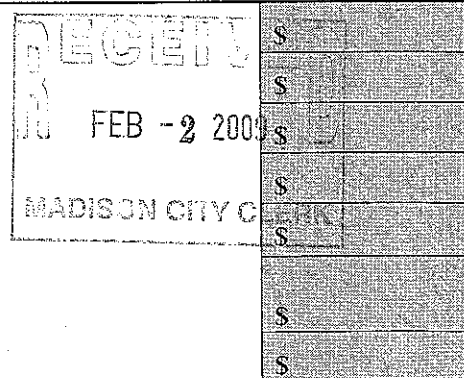
1A. Contributions (Including Loans) from Individuals	\$ 58.08	\$ 58.08	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 58.08	\$ 58.08	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$ 0	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 0	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 58.08
Subtotal	\$ 58.08
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 58.08
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	Signature of Candidate or Treasurer	Date:
Emily Fitch	<i>Emily Fitch</i>	2/2/09
		Daytime Phone: 708-744-5731

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

Complete Committee Name
Eagon for City Council

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Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/22/08	Kelly Peter 1014 Mendota Ct, Apt B Madison, WI 53703		\$8.08	\$8.08 Office Use
12/22/08	Kim Vergerant 3210 Lake Mendota Dr Madison, WI 53705		\$50.00	\$50.00 Office Use
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 58.08
TOTAL ITEMIZED CONTRIBUTIONS	\$ 58.08
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 58.08