

**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: *Friends of Sherman Hackbart*  
 Street Address: *732 E. Johnson St. (Mail to P.O. Box 2349, Madison, WI 53701-2349)*  
 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 *2009*     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	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ <i>803.50</i>	\$ <i>2998.49</i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>803.50</i>	\$ <i>2998.49</i>	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ <i>1313.45</i>	\$ <i>2478.76</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>1313.45</i>	\$ <i>2478.76</i>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>1029.68</i>		\$
Total Receipts	\$ <i>803.50</i>		\$
Subtotal	\$ <i>1833.18</i>		\$
Total Disbursements	\$ <i>1313.45</i>		\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>519.73</i>		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0</i>		\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>0</i>		\$

RECEIVED  
APR 1 2009

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

Type of Print Name of Candidate or Treasurer <i>Sherman Hackbart</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>3/30/09</i>
		Daytime Phone: <i>6085750118</i>

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  
**Friends of Sherman Hackbart**

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

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
2/12/9	Richard Jacobson 1933 Regent St. Madison, WI		\$50.-	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
2/5/9	S. Alan Farias 125 N. Ingersoll Madison, WI 53703		\$40	\$40.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
2/12/9	Delby Dines 137 E. Wilson St. # 1311 Madison, WI 53703		\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
2/14/9	Kathleen Petelley 2239 Commonwealth Ave Madison, WI 53726		\$20	\$20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
3/16/9	Martin Burns 5609 Medical Cir # 210 Madison, WI 53719	Insurance Agent Curtis Agency 5609 Medical Cir. # 210 Madison, WI 53719	\$150	\$150
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
3/14/9	Sherman Hackbart 102 E. Graham St Madison WI 53703	Attorney Sherman Wood Hackbart Law Office 30 W. Millington St # 404 Madison, WI 53703	\$186.50	\$286.50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan			Office Use
1 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
1 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ ~~496.50~~

TOTAL ITEMIZED CONTRIBUTIONS

\$ ~~496.50~~

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 307

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

~~803.50~~  
**\$803.50**

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Friends of Sherman Hackbart

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
2.6.9	Little Printing Company, LLC 4535 Helgeson Dr. - Madison, WI 53718 Check if: <input type="checkbox"/> In-Kind Offset	Sign Printing	\$338.91	
2.13.9	FedEx Kinkos 7805 Mineral Pt. Road, Madison, WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	Lit. Printing	73.88	
2.13.9	The Shop Consulting, Inc. 100 S. Baldwin St #205, Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Auto Calls	327.16	
2.23.9	Sherman Hackbart 12 E. Gorham, Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	loan Payment	\$100.00	
2.6.9	ISTOCK PHOTOS (loan payment to Sherman Hackbart) Online Check if: <input type="checkbox"/> In-Kind Offset	Stock Photos	\$18.00	
2.14.9	Tomaso Galati Honda (loan payment to Sherman Hackbart) Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser	\$168.50	
3.17.9	Isthmus Publishing 101 King St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Advertisement	\$290.00	
1 1	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 1	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1313.45	
TOTAL ITEMIZED EXPENDITURES			\$ 1313.45	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 1313.45	

**ADDITIONAL DISCLOSURE  
Loans  
Individual, Committee or Commercial**

Complete Committee Name  
*Friends of Sherman Hackbart*

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

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
1 / 1	<i>Sherman Hackbart 102 E. Gordon St. Madison, WI 53703</i>	100.00	186.50	286.50	0

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 \$

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 \$

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>	\$ <u>0</u>
<b>TOTAL OUTSTANDING LOANS</b>	\$ <u>0</u>