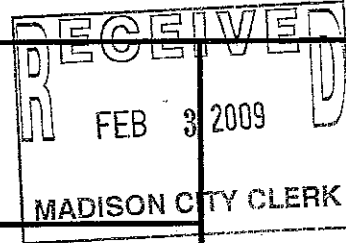


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**



Is this report an Amendment? YES NO **XX**

COMMITTEE IDENTIFICATION

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

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 2009 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 YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$ 192.70	\$ 196.83		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 192.70	\$ 196.83		

1. DISBURSEMENTS

A. Gross Expenditures	\$ 192.70	\$ 236.83		
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 192.70	\$ 236.83		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 831.02			
Total Receipts	\$ 192.70			
Subtotal	\$ 1,023.72			
Total Disbursements	\$ 192.70			
CASH BALANCE AT END OF REPORT	\$ 831.02			
INCURRED OBLIGATIONS	\$ -			
(Balance at the Close of This Period 3-A)				
LOANS (Balance at the Close of This Period-3B)	\$ 190.80			

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 <i>Mary T. Anglim</i>	Date 2/1/2009 Daytime Phone 608-249-0031
--	--	---

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

Contributions (Including Loans) From Individuals

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/30/2008	Satya Rhodes-Conway 2642 Hoard St Madison WI 53704 Check if: <input type="checkbox"/> -Kind <input type="checkbox"/> duit <input checked="" type="checkbox"/> <i>LOAN</i>	Outreach Specialist Center on Wisconsin Strategy, UW 1180 Observatory Dr Madison WI 53706	\$ 190.80	\$ 190.80
12/11/2008	Satya Rhodes-Conway 2642 Hoard St Madison WI 53704 Check if: <input type="checkbox"/> -Kind <input type="checkbox"/> duit <input type="checkbox"/> Lo	Outreach Specialist Center on Wisconsin Strategy, UW 1180 Observatory Dr Madison WI 53706	\$ 1.90	\$ 194.50
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 190.80	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 190.80	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 1.90	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 192.70	

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
11/30/2008	DreamHost 417 Associated Road Brea, CA 92829 Check if: <input type="checkbox"/> In-Kind Offset	Web hosting 10/08 - 10/10	\$ 190.80	
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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			190.80	
TOTAL ITEMIZED EXPENDITURES			190.80	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			1.90	
TOTAL EXPENDITURES			192.70	

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	\$ 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				
	\$				

SUBMIT OUTSTANDING LOANS THIS PAGE \$ 190.80
TOTAL OUTSTANDING LOANS \$