

**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 ____ Pre-Election **XX** Spring **XX** 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	\$ -	\$ -	\$	\$
B. Contributions from Committees (Transfers-In)	\$ -	\$ -	\$	\$
C. Other Income and Commercial Loans	\$ -	\$ -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -	\$	\$

1. DISBURSEMENTS

A. Gross Expenditures	\$ 37.98	\$ 37.98	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 37.98	\$ 37.98	\$	\$

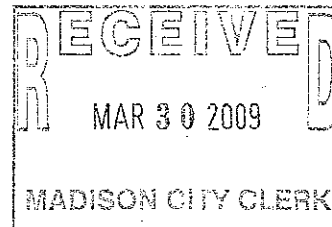
CASH SUMMARY

Cash Balance at Beginning of Report	\$ 831.02		\$	
Total Receipts	\$ -		\$	
Subtotal	\$ 831.02		\$	
Total Disbursements	\$ 37.98		\$	
CASH BALANCE AT END OF REPORT	\$ 793.04		\$	
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 3/29/2009 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
2/6/2009	Lakeside Press 1334 Williamson St, Madison WI 53703 Check if: In-Kind Offset	copying	\$ 37.98	
/ /	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
/ /	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
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			37.98	
TOTAL ITEMIZED EXPENDITURES			37.98	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS				
TOTAL EXPENDITURES			37.98	

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
Satya Rhodes-Conway 2642 Hoard St Madison WI 53704		\$ 190 80	\$ -	\$ -	\$ 190 80

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
	\$
	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

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
	\$
	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

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
	\$
	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 190.80