

**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: Students for Wolf
 Street Address: 920 Spring St. #209
 City, State and Zip Code: Madison, WI 53715

OFFICE USE ONLY

WSEB ID Number: CEW90

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	\$ 15	\$ 15	\$	\$
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)	\$ 15	\$ 15	\$	\$
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	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB - 2 2009 MADISON CITY CLERK </div>	\$
Total Receipts	\$ 15		\$
Subtotal	\$ 15		\$
Total Disbursements	\$ 0		\$
CASH BALANCE END OF REPORT	\$ 15		\$
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 <u>Dan Fox</u>	Signature of Candidate or Treasurer <u>Dan Fox</u>	Date: <u>2/1/09</u>
		Daytime Phone: <u>414-232-4177</u>

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 Students for Mark Wauff

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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
12/13/08	Danny Fox 518 W. Miffin St. Madison WI 53703		15	15 Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
/ /				Calendar Year-to-Date Total Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 15	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 15	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 15	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 15	