

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES 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
Soglin for Mayor

Street Address
3306 Gregory Street

City, State and Zip Code
Madison, WI 53711

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

REPORT PERIOD

January Continuing _____ Pre-Primary _____ Spring Fall Special Termination Report
 July Continuing 2020 _____ September Continuing _____ Pre-Election _____
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committee (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$0.00	\$0.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$666.62	\$666.62
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$666.62	\$666.62

CASH SUMMARY

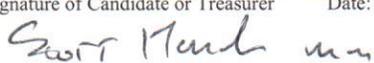
Cash Balance Beginning of Report	\$666.62
Total Receipts	\$0.00
Subtotal	\$666.62
Total Disbursements	\$666.62
CASH BALANCE END OF REPORT	\$0.00

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A) align="right">\$0.00

LOANS (Balance at the Close of This Period-3B) align="right">\$0.00

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 Scott Herrick	Signature of Candidate or Treasurer 	Date: 01/15/2020
Email melissa@mmulliken.com		Daytime Phone: (608) 206-1818

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Complete Committee Name			
Soglin for Mayor			
Date	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
01/14/2020	Melissa Mulliken Consulting 3306 Gregory St Madison, WI 53711 Payee Type: Business Expense Category: Monetary Expense Purpose: Consulting Fees - General	General consulting	\$366.62
Check if: <input type="checkbox"/> In-Kind Offset			
01/10/2020	NGP VAN Inc 1101 15th St NW Ste 500 Washington, DC 20005 Payee Type: Business Expense Category: Monetary Expense Purpose: IT - Campaign Software	Data base	\$300.00
Check if: <input type="checkbox"/> In-Kind Offset			
01/14/2020	Paul R Soglin 121 Standish Ct Madison, WI 53705 Payee Type: Individual Expense Category: Memo Expense Purpose: Administrative Expenses	Forgiven loan	\$1,192.04
Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$666.62
TOTAL ITEMIZED EXPENDITURES	\$666.62
TOTAL UNITEMIZED EXPENDITURES	\$0.00
TOTAL EXPENDITURES	\$666.62

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name
Soglin for Mayor

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Obligations End of This Period
Date	Paul R Soglin 121 Standish Ct Madison, WI 53705	\$1,192.04	\$0.00	\$1,192.04	\$0.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$0.00
TOTAL OUTSTANDING LOANS	\$0.00

SCHEDULE 4**TERMINATION REQUEST**Page 4 of 4

Complete Committee Name

Soglin for Mayor

Office Use Only

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.

- Candidates may not terminate prior to the election in which they are participating.

- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.

- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.

- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)

- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
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LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
05/06/2014	Soglin, Paul	\$16,500.00

This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.

I do not owe the \$100 filing fee.

Scott Plumb
Signature of Candidate or Treasurer

1-15-2020
Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.