

**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

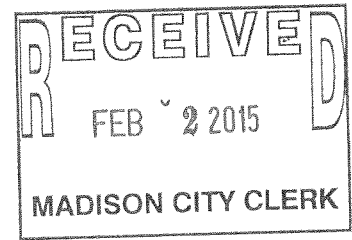
*The Committee to Elect Christopher Daly*

Street Address

*1507 Williamson Dr. Apt. B*

City, State and Zip Code

*Madison, WI 53703*



OFFICE USE ONLY

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**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 130.00	\$ 130.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 130.00	\$ 130.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 55.67	\$ 55.67
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 55.67	\$ 55.67

**CASH SUMMARY**

Cash Balance Beginning of Report	\$
Total Receipts	\$ 130.00
Subtotal	\$
Total Disbursements	\$ 55.67
<b>CASH BALANCE END OF REPORT</b>	\$ 74.33
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 74.33
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

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 <i>Christopher Daly</i>	Signature of Candidate or Treasurer <i>Christopher Daly</i>	Date: <i>2-1-2015</i>
Email: <i>dalyfor mayor 2015@gmail.com</i>		Daytime Phone: <i>651-270-6391</i>

NOTE: 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.

**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

Complete Committee Name

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
12/14/14	Michael Quieto 533 W. Main St. #108 Madison, WI 53703	City of Madison Administrative support clerk 210 Martin Luther King Jr. Blvd #408 Madison, WI 53703	100.00	100.00
12/13/14	Reis Galvan		10.00	110.00
12/15/14	Amy Anderson 1909 Sherman Ave #7 Madison, WI 53704		20.00	130.00
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<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ 130.00
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ 130.00
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ 30.00
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ 130.00

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name

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
12/23/14	W2 Pay Inc. 380 Portage Ave. Palo Alto, CA 94306 Check if: <input type="checkbox"/> In-Kind Offset	Online crowd funding service	11.17
12/29/14	Lakeside Printing Cooperative 1334 Williamson St. Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Campaign literature printing	44.50
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 55.67

**TOTAL ITEMIZED EXPENDITURES** \$ 55.67

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** \$ *None*

**TOTAL EXPENDITURES** \$ 55.67