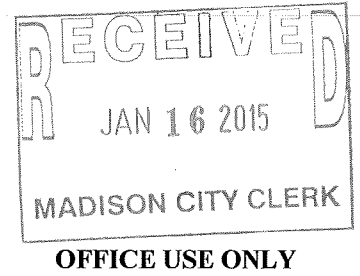


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee

Friends of Denise DeMarb

Street Address

6010 Fredericksburg Ln

City, State and Zip Code

MADISON, WI 53718

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 *15* 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	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ -	\$ 12
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 12	\$ 12

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 18	\$ 36
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 448.62
Total Receipts	\$ -
Subtotal	\$ 448.62
Total Disbursements	\$ 18
CASH BALANCE END OF REPORT	\$ 430.62
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (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	Signature of Candidate or Treasurer	Date:
<i>Denise DeMarb</i>	<i>Denise R DeMarb</i>	<i>1/14/15</i>
	Email <i>ordemarb@gmail.com</i>	Daytime Phone: <i>608-358-3195</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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF DONIX DOWARB

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
7/15/14	ASSOCIATED BANK 200 N Adams Street, Box 19099 Green Bay, WI 54307 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
8/14/14	SAME AS ABOVE Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
9/15/14	SAME AS ABOVE Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
10/14/14	SAME AS ABOVE Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
11/17/14	SAME AS ABOVE Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
12/12/14	SAME AS ABOVE Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	\$ 3
1 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 1	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 18

TOTAL ITEMIZED EXPENDITURES \$ 18

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 18