6088260032

CAMPAIC LOCAL COM	ne	CEIVEN					
Is This Report an Amendment: 🛛 Yes							
Instructions for completing schedules are on the b	JAN 30 2015						
COMMITTEE IDENTIFICATION							
Name of Committee	11.00		MADISON CITY CLERK				
FRIENDS OF SKIDS			OFFICE USE ONLY				
13 RED MAPLE TR							
City, Sint- and Zip Code MADISON, WI 537	/=		<del>-</del> :				
Please check if address is different than previously reported,		Registration St	atement in t	he back of this form.			
NAME OF REPORT		***************************************					
January Continuing 2015  Pre-Primary	Spring  Fall	☐ Spe	ecial				
D. Du Electer	□ c/ □ r.t	1 · 🗆 s_	:_1	Termination Report also complete Schedule 4			
July Continuing Pre-Election	Spring Fal	l Spe	cial	also complete schedule 4			
SUMMARY OF RECEIPTS AND	Column A	Colun	on B	<u> </u>			
DISBURSEMENTS	This Period Cale						
1. RECEIPTS		Year-To-Date					
1A. Contributions (Including Loans) from Individuals	\$ 500 00	\$ 50	000				
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0	0				
1C. Other Income and Commercial Loans	\$ 9 <u>60</u>	\$ 09	90_				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 500 00	\$ <b>500</b>	00				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 600	\$ 41	00	·			
2B. Contributions to Committees (Transfers-Out)	\$ 000	\$ 0.5	00				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 600	\$ 41	00				
CASH SUMMARY		<del></del>					
Cash Balance Beginning of Report	\$ 77100			1			
Total Receipts	\$ 50000	,					
Subtotal	\$ 1.27100						
Total Disbursements	\$ 600			·			
CASH BALANCE END OF REPORT	\$1,26500						
INCURRED OBLIGATIONS	\$ 000	:					
(Balance at the Close of This Period-3A)	- 00	<u>.</u>					
LOANS (Balance at the Close of This Period-3B)				umlata			
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: 1 30/15							
The Divine							
PAUL E. SKIDMORE Emsil paulskidmore & tds. net Daytime Phone: 608-335-1529							

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 1-A

## RECEIPTS Contributions (including Loans) From individuals

Page \_\_\_\_ of \_\_\_

Complete Comm	nittee Name			
FR	LIENDS OF SKIDI	40R E		
Instructions fo	r completing schedules are on the back of ea Full Name, Mailing Address and Zip Code	ach schedule.		
Date 11 / 11 / 14	JOHN McKENZIE	Of Employment (if year-to-date total exceeds \$100)  DEVELOPER	Amount	Calendar Year-to-Date Total
	902 HIDDEN CAUE RO. MADISON, W) 53717	902 HIDDEN CAUE RO. HADISON, NI 53717	25000	₩ <u>250</u> ₩
	Check If: In-Kind Loan Conduit	Conduit Name:		
Date	Check Ir. In-Kind Loan Conduit Full Name, Mailing Address and Zip Code  TO ELLEN McKeuze	Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/11/14	OD ZEEEN THE WEDER	902 HIDDEN LAVE RD.	25000	¥ 250°°
		MADISON, WI 537/7		
	Check if: In-Kind Loar Condult	Conduit Name:		
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
				<b>Y</b>
ŧ	Check if: In-Kind Loan Conduit	Condult Name:		
Date	Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)		1931/10-D31\$ ) (MI
				**************************************
	S	Conduit Name:		
Date	Check II: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Celender Year-to-Date Total
1 /		9,00		
	Check if: In-Kind Loar Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zlp Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Çalendar Year-to-Date Total
1 1		Of Employment (ii year-to-date total exceeds \$1707)		
	Check if: In-Kind Loan Conduit	Conduit Name:		
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
11		G Employment (ii you to oot out of or		
	Check if: In-Kind Loar Conduit	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 /				
	Charle Hill In Kind I and Conduit	Conduit Name:		
Check If: In-Kind Loan Conduit Conduit Name:  SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 500,00	
TOTAL ITEMIZED CONTRIBUTIONS			T-0.0 A0	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS				
	TOTAL 0/	SAMUNITIONS DECEIVED FROM INDIVIDUALS	\$ 570 00	

## SCHEDULE 2-A

## **DISBURSEMENTS Gross Expenditures**

Page \_\_\_ of \_\_\_

Complete Comm			
FRIEN	UPS OF SILIOMORE		
Instructions for	completing schedules are on the back of each	schedule.	
Date	Full Name, Malling Address and Zip Code	Specific Purpose of Expenditure	Amount .
~4.0	Of Person or Business to Whom Payment is Made	Through alband and an art and are	
1 . 1			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
I = I			
	Check if: In-Kind Offset	· • • • • • • • • • • • • • • • • • • •	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
/ /	,		
		1	İ
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1			
		·	
	Check In In-Kind Offset		
Date	Full Name, Mailing Address and Zlp Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1		·	1
			1
	Check if: In-Kind Offset		
Date	Full Name, Malling Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		Į
/ /			
		İ	
	Check if: In-Kind Offset		A = 14
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expanditure	Amount
	Of Person or Business to Whom Payment is Made	·	l
, ,			
		·	1
	- Lauren		
	Check if: In-Kind Offset	Specific Purpose of Expenditure	Amount
Date	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Experiorities	,25
1 1	Of Person of Busilieds to Autom Layment is Midde		
' '			
		,	
	Check if: In-Kind Offset	Specific Purpose of Expenditure	Amount
" □ale	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Opcome Fulpose of magazinate	
, ,	Of Pelacit of Positiess to Attorn a ayrience made		
		<b>\</b>	
1		·	
	05-1-16   15-17-1 045-1		
	Check if: In-Kind Offset	1	
		SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	a 500
	s 0.00		
	, 0.00		
•	\$ 0.00		
	s 6.00		
		•	1 00
		TOTAL EXPENDITURES	s 6.00