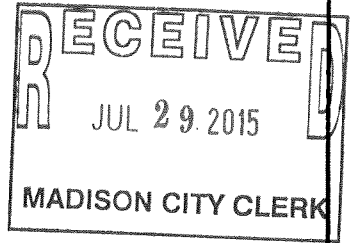


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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 SKIDMORE

Street Address

13 RED MAPLE TRAIL

City, State and Zip Code

MADISON, WI 53717

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 **2015** 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 ⁰⁰	\$ 0 ⁰⁰
1B. Contributions from Committees (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	\$ 458 ⁶⁸	\$ 458 ⁶⁸
2B. Contributions to Committees (Transfers-Out)	\$ 0 ⁰⁰	\$ 0 ⁰⁰
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 458 ⁶⁸	\$ 458 ⁶⁸

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,174 ⁰⁰
Total Receipts	\$ 0 ⁰⁰
Subtotal	\$ 1,174 ⁰⁰
Total Disbursements	\$ 458 ⁶⁸
CASH BALANCE END OF REPORT	\$ 715 ³²
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0 ⁰⁰
LOANS (Balance at the Close of This Period-3B)	\$ 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 PAUL E. SKIDMORE	Signature of Candidate or Treasurer <i>Paul Skidmore</i>	Date: 7/29/15
Email: paulskidmore@tks.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**

Complete Committee Name
FRIENDS OF SKIDMORE

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ <u>0.00</u>
TOTAL ITEMIZED CONTRIBUTIONS	\$ <u>0.00</u>
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ <u>0.00</u>
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ <u>0.00</u>

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF SKIDMORE

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
3/26/15	ALPHA GRAPHICS 221 KING ST. MADISON, WI Check if: <input type="checkbox"/> In-Kind Offset	PRINT CAMPAIGN LITERATURE	\$300.68
5/12/15	PHIL SALKIN 41. S. GARDEN WAY MADISON, WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	DESIGN CAMPAIGN LITERATURE	\$105.00
6/27/15	UNION LABOR NEWS 1602 S. PARK ST. #228 MADISON, WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	NEWSLETTER AD (LABOR DAY)	\$35.00
/ /	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 \$ 440.68

TOTAL ITEMIZED EXPENDITURES \$ 440.68

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 18.00
(BANK FEES)

TOTAL EXPENDITURES \$ 458.68