

### 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

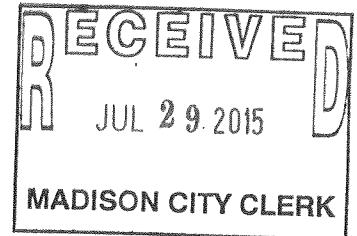
FRIENDS OF SKIDMORE

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  Pre-Election 2015  Spring  Fall  Special

Termination Report  
also complete Schedule 4

#### SUMMARY OF RECEIPTS AND DISBURSEMENTS

Column A  
This Period

Column B  
Calendar  
Year-To-Date

##### 1. RECEIPTS

1A. Contributions (Including Loans) from Individuals	\$ 0 <sup>00</sup>	\$ 0 <sup>00</sup>
1B. Contributions from Committees (Transfers-In)	\$ 0 <sup>00</sup>	\$ 0 <sup>00</sup>
1C. Other Income and Commercial Loans	\$ 0 <sup>00</sup>	\$ 0 <sup>00</sup>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0 <sup>00</sup>	\$ 0 <sup>00</sup>

##### 2. DISBURSEMENTS

2A. Gross Expenditures	\$ 91 <sup>00</sup>	\$ 91 <sup>00</sup>
2B. Contributions to Committees (Transfers-Out)	\$ 0 <sup>00</sup>	\$ 0 <sup>00</sup>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 91 <sup>00</sup>	\$ 91 <sup>00</sup>

#### CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,265 <sup>00</sup>
Total Receipts	\$ 0 <sup>00</sup>
Subtotal	\$ 1,265 <sup>00</sup>
Total Disbursements	\$ 91 <sup>00</sup>
<b>CASH BALANCE END OF REPORT</b>	\$ 1,174 <sup>00</sup>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0 <sup>00</sup>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0 <sup>00</sup>

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

Date: 7/29/15

Email paulskidmore@tdc.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 Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		

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

**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
1 '4 '15	LORRAIN BOSE DANCING LIGHT STUDIO 2702 SOMMERS AVE. #6 MADISON, WI 53704	CAMPAIGN PHOTO	\$42.50
1 '14 '15	LORRAIN BOSE DANCING LIGHT STUDIO 2702 SOMMERS AVE. #6 MADISON, WI 53704	CAMPAIGN PHOTO	\$42.50
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 85.00

TOTAL ITEMIZED EXPENDITURES \$ 85.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS  
(BANK FEES) \$ 46.00

TOTAL EXPENDITURES \$ 91.00