6088260032

	IGN FINANCE REP MMITTEES OF WIS		1600
Is This Report an Amendment: X Yes	□ No	COMBE	DEGEINEU
Instructions for completing schedules are on the			M JUL 2 9. 2015
COMMITTEE IDENTIFICATION	back of each schedule.	<u> </u>	JUL 29. 2015 [
Name of Committee			MADISON CITY CLERK
SUECH Address FRIENDS OF SK			OFFICE USE ONLY
City, State and Zip Code	RAIL		OTTO OBE OIVE
MADISON, WI 53	1717		
Please check if address is different than previously reported		Registration State	ment in the back of this form.
NAME OF REPORT			
January Continuing Pre-Primary	Spring Fa	ıll 🔲 Special	
☐ July Continuing ☐ Pre-Election 20	5 ☐ Spring ☐ F	all Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND			
DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS	,	Year-To-Da	ite
1.A. Contributions (Including Loans) from Individuals	8 000	\$ 0 00	
1B. Contributions from Committees (Transfers-In)	\$ 000	\$ 000	
IC. Other Income and Commercial Loans	\$ 000	\$ 600	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 000	\$ 000	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 9,00	\$ 9100	
2B. Contributions to Committees (Transfers-Out)	\$ 000	\$ 000	
FOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 9/00	\$ 9100	
CASH SUMMARY		<u> </u>	
ash Balance Beginning of Report	\$ 1,26500		
otal Receipts	\$ 000		
ubtotal	\$ 176800		
otal Disbursements	\$ 9100		
ASH BALANCE END OF REPORT	\$ 117400	•	
CURRED OBLIGATIONS	- 41		
alance at the Close of This Period-3A)	\$ 000		
OANS (Balance at the Close of This Period-3B)	8 900		
ertify that I have examined this report and to the best of	mv knowledge and ballafi	de due a manage	

and belief it is true, correct and complete,

Type or Print Name of Candidate Trensurer	Signature of Candidate or Treasurer	Date: 7/29/15
PAUL E. SKIDHORE	Email Da. W. S. L. donare of	S. net Daytimo Phone: 608-335-15
NOTE: The information on this fam.	THIS ICH DIE COLL	3. 18 Daytimo Phone: 608-335-152

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.

PAGE 03/04

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

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Page	J	of	1

insurction	s for completing schedules are on the back	of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Delegated De		
1 1		Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Tota
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
1 1	James J. Odress Stat Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
/ /	Tun Hamle, Malling Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Arriquint	Calendar Year-to-Dete Totel
Dale	Check If: In-Kind Loer Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
1 1	Authoriting 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
Date	Check In In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
1 (Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Celendar Year-to-Date Total
Date	Check if: In-Kind Loar Conduit Full Name, Mailing Address and Zip Code	Condult Name:		
()		Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Amount	Calendar Year-to-Dato Total
Date	Check If: In-Kind Loan Conduit Full Name, Malling Address and Zip Code	Conduit Name:		
' '		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
I		Occupation, Name and Address of Principal Place Of Employment (If year-to-date total exceeds \$100)	Arnount	Celendar Year-to-Date Total
	Check If. In-Kind Loan Conduit	Conduit Name:		
	SUBTO	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 000	
			\$ 000	
		_ <u>_</u> _	\$ 000	•
	TOTAL CON	TRIBUTIONS RECEIVED FROM INDIVIDUALS	000	

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ___ of ____

Complete Co	mmittee Name		
FRI	ENTY OF SKIDNORE		
เมริงเนียนอกร	for completing schedules are on the back of each schedule		
Date	Full Name, Mailing Address and Zin Code	Specific Purpose of Expenditure	
1141	Of Person or Business to Whom Payment is Made LOR PAIN BOSE		Amount
1. 7. 1.	LOR PAIN BOSE DANCING LIGHT STUDIO 2702 SOMMERS AVE. #6	C 444045 4 0	let
	2702 SOMMERS AVE. #6	CAMPAISN PHOTO	# 4250
Date	Chack if: In-Kind Offset MADICARI III	3704	
Oald	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 '14 1	Of Person or Business to Whom Payment is Made		
, , , ,	DANCING LIGHT STUDIO 2702 SOMMERS AVE. #6	C 414 G 44 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	142 <u>50</u>
		CAMPAIGN PHOTO	
Date	Full Name, Malling Address and Zio Code		
1 1	Of Person of Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
, ,			
		1	
	Check If: In-Kind Offset		
Date	Full Name, Mailing Address and Zin Code	Specific Purpose of Expenditure	
1 1	Of Person or Business to Whom Payment Is Made	aposite of Expanditure	Amount
		·	
Date	Check if: In-Kind Offset		
	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	aynote to mago	1	
	Chart & Control		
Date	Check it: In-Kind Offset Full Name, Mailing Address and Zip Code		
1 1	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
, ,			
	Check If; In-Kind Offset		
Date	Full Name Mailing Address and Tie Code	Specific Purpose of Expenditure	
1 1	Of Person or Business to Whom Payment is Made	oposition are at Experialities	Amount
		1	
Date	Check if: In-Kind Offset	1	
	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
′′	- Midde	1	, any water
	Check if: In-Kind Offset	·	
Date	Full Name, Malling Address and Zin Code	C. W. D	
1 ,	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
]			
	Check if: In-Kind Offset	1	
	SURTOTAL ITC	MIZED EVOCACIONAL	0500
	OOD OTAL TE	MIZED EXPENDITURES THIS PAGE	07-
			0-00
	TOTAL ITEMIZED EXPENDITURES		
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			~600
(DANK FEES)			0 . 66
TOTAL EXPENDITURES			9/-