CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			CEIVED	
Is This Report an Amendment: Yes You				
Instructions for completing schedules are on the back of each schedule.				
COMMITTEE IDENTIFICATION		- I has no	SON CITY CLERK	
Name of Committee			FICE USE ONLY	
2905 Irvington W	ay	O.	FIGE COS GAZ	
City, State and Zip Code Madison WI 53	57B		the back of this form.	
Please check if address is different than previously reported, a	nd complete the Campaign R	legistration Statement in t	ne back of this form.	
NAME OF REPORT				
January Continuing 15 Pre-Primary	Spring Fall	Special	Termination Report	
July Continuing Pre-Election Pre-Electi	Spring Fall	Special	also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date		
1. RECEIPTS	20.000			
1A. Contributions (Including Loans) from Individuals	\$ 2907,98	\$ 2987.98	-	
1B. Contributions from Committees (Transfers-In)	\$	\$	-	
1C. Other Income and Commercial Loans	\$ 00 000	\$ 2907.98	-	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2907.98	* 2707,10	-	
2. DISBURSEMENTS		01100	-	
2A. Gross Expenditures	\$ 314,33	\$ 3/4,33		
2B. Contributions to Committees (Transfers-Out)	\$	\$ 214.22		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 314.33	\$ 314,33		
CASH SUMMARY				
Cash Balance Beginning of Report	\$(182.78)	1		
Total Receipts	\$ 2907.98			
Subtotal	\$ 2725.00			
Total Disbursements	\$ 314.33	_		
CASH BALANCE END OF REPORT	\$ 2410.67			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$ 1132-98		• .	
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Signature of Cardidge of Pressure Date: 0 0 1 5 1 1 5 1 1 5 1 1				
John R Strasser	mail John C John C	strasser ampayti	7/04.0	

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.

Emplo Employer 24P WI 53713 WI 53705 WI 53705 WI 53705 WI 53703 WI 53717 PA 19154 WI 53717 WI 53717 WI 53713
da d
4029
Donor Employer Donor Phone The Ducker Group Project Solutions Metcaffie's Market 608 345-2220 Slumberland Furnitur 608-230-8345 917374 Wisconsin Progress 435-669-3908 Anone 408-68-332-6358 Madison Museum of r608-886-7264 Not employed 312-527-1220 Not employed 312-527-1220 312-51-1220 Rot employed 608-239-6358 608729 Mot employed 608-219-6773 608 274-2840 Dean Health 608 274-2840 none 608-251-2908 none 608-251-2908
Donor Employer The Drucker Group project Solutions Metzeiffe's Market Slumberland Furnitur Wisconsin Progress none Advanced Sports UW-Madison Not employed none Saris Cycling Group Not employed none Dean Health none
W1 53713 self employed Donor Employer Donor Phone W1 53713 self employed The Durder Group W1 53714 Grocer Savines Savines W1 53711 Glocer Shumberland Furnitur 608-230-6345 W1 53711 Acceptor Shumberland Furnitur 608-230-6345 W1 53711 Acceptor Nisconsin Progress W1 53711 Acceptor Invitable Acceptor W1 53711 Acceptor Invitable Acceptor W1 53711 Acceptor of Public Operations Madison Museum of 608-332-6338 W1 5373-6011 Director of Public Operations Madison Museum of 608-386-7764 W1 53713 Not employed 312-527-1220 W1 53713 Not employed 312-527-1220 W1 53713 Not employed 608-131-1220 W1 53713 Not employed 608-235-637 W1 53713 not employed 608-235-637 W1 53713 not employed 608-245-280 W1 53713 not employed 608-245-280 W1 53713 not employed 608-245-280 </td
Donor City Madison Madison Madison Fitchburg Madison Philadelphii Pritchburg Madison M
Donor First A Donor Last N Donor Addr1 Donor Addr2 Alex Drucker 2909 Invington Way Isaryl rice 114 naurilus 1 Stock Scott/Peggy Libson 3114 Haitan Circle 1 Socott Special Pogreba 8527 Elderberry Rd 1 Ellen Johnson 112 N 2nd St, Unit ZA Debbie Meltzer 31 Wood Haven Way Debbie Meltzer 31 Wood Haven Way Debbie Meltzer 31 Wood Haven Way Debbie Gruter 505 North Lake Shore Dr., #814 O Dianne Carter 505 North Lake Shore Dr., #814 O Dianne Carter 505 N lakeshore dr apt 814 O Christopher Fortune 2118 Waunona Way 5 Sue Talarzyk 2902 Irvington Way O Geordon Paulikner 3033 Irvington Way
th Donor Last N Drucker rice Mettalfe yy Libson Spector Spector Spector Sogreba Johnson Meltzer Carter Carter Carter Carter Fortune Talarczyk Ban-Louis Faulkner Bock
Date 12/1/14 10:48 12/1/14 13:38 12/2/14 13:38 12/2/14 13:31 12/4/14 13:31 12/4/14 13:31 12/4/14 13:31 12/6/14 13:31 12/6/14 11:28 12/6/14 11:28 12/6/14 11:28 12/8/14 17:05 12/8/14 17:01 12/8/14 17:01 12/8/14 13:13 12/12/14 10:13

\$2075

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

Complete Comm	Friends of Joh	in		
Instructions for		ch schedule.		
Date	completing schedules are on the back of each Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
		Of Employment (if year-to-date total exceeds \$100)		1 Bal-lo-pate Total
12514	Betsy Vilcox		05	25
	3314 Derly Down		25	
	madison 537-13			
			.	
	Check if In-Kind Loar Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		Calendar
Date		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
10/11/11	Bryen Faster	Or Employment (ii year-to-date total exceeds 5155)		100
121114	2109 Lyann Lane	Foster Funeral Home	C()	50
	010 -2713	•	50	
	madison w/ 537-13		į	
		Candy's Name	ľ	
	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
10/10/11	Carol K Harrison			(7)
12/0/14	Carle Comments I way	·		5 -
	3046 Irvington way		50	
	madison 63713			
	Check it In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
	1/4 194144	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
121114	Dary Corcesor			15
	210 Marinette Tri		70	
	madizon W1 53773	,	73	
	Tradison W. 30 /13			
	Check if In-Kind Loar Conduit	Conduit Name:	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Mitonic	Year-to-Date Total
late of	Silly miley			
12/11/14	20119 11112	h Ketitev	100	150
	Syoo Lake Mendo to U modison wi 53705		100	
	370175			
	Maria Contraction of the contrac	Conduit Name:		
Date	Check if In-Kind Loar Conduit Full Name, Mailing Address and Zip Code	Compation Name and Address of Principal Place	Amount	Calendar
L'all	Mancy Rothigr Blud 130 Lakewood Blud madison w 53704	Of Employment (if year to-date total exceeds \$100)		Year-to-Date Total
12/11/14	Mency Rottiging	Lobbiest Jodicial		150
1000	10 lakeusood Blue	siell em played	150	
	130, 200	DELE FILL L'ANDER	1750	
	madison w 30701			
	Check if In-King Loan Conduit	Odiladi Hallo		
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
1.04.14	Im. Klandana	Of Employment (if year-to-date libral exceeds 4 100)	,	
12/1/19	MINER LANASIRA	langer const.	100	100
•	5964 EXECUTIVE	1	100	- / - -
	Mad30n WI 5371)	owner	•	,
-	11kg 000 mi 33-11			
	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 Tota
10/2 /24	1 John Strasser		0.00.00	
1/10 14	2ant - Lakeby		282.98	
	7603 76067	·		
	Madison WILITU			ļ
	Check if In-King Loan Conduit	Conduit Name:		
<u> </u>			800	55
	/ sub	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	18320	マグ
		TOTAL ITEMIZED CONTRIBUTIONS	2020	,
		,	AU7>	
	TOT/	AL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	1 0	
		*) <i>'</i>	O 4"
	TOTAL CO	ONTRIBUTIONS RECEIVED FROM INDIVIDUALS	1907	.98
			h 1 - 1	

TOTAL OUTSTANDING LOANS \$ 1132.99

SCHEDULE 3-5

Loans Individual, Committee or Commercial

Complete Committee Name Trichols of John			-		
Instructions for completing schedules are on the back of each schedules are on the back of each schedules are on the back of each schedules. Full, Name, Mailing Address and Zip Code of Loan Source Strasser	ıle.	Outstanding Balance Beginning	New Loans This	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 2905 Fruing ton Way 12/10/14 Madrsa W153713		of This Period	282.98	This Period	132.98
List All Endorsers or Guarantors (if any)				•	
Full Name, Malling Address and Zip Code of Guarantor	Occupation				
	Name and Address of Employer				
	\$	aranteed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation			4 A M A	
	Name and	Address of Employer			
	Amount Gu	aranteed Outstanding			4,000
Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /					
List All Endorsers or Guarantors (if any)					
Full Name, Malling Address and Zip Code	Occupation	1			
of Guarantor	Name and	Address of Employer			
		uaranteed Outstanding	g		
Full Name, Mailing Address and Zip Code	\$ Occupation	1			
of Guarantor	Name and	Address of Employer	Single Si		
	Amount G	uaranteed Outstandin	g		
Full Name, Mailing Address and Zip Code of Loan Source	<u> </u>	Outstanding Balance Beginning of This Period	· New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / / /					
List All Endorsers or Guarantors (if any)		<u> </u>	J.1.		
Full Name, Mailing Address and Zip Code	Occupatio	n			
of Guarantor	Name and Address of Employer				
	Amount Guaranteed Outstanding				
	\$				<u> </u>
Fuli Name, Mailing Address and Zlp Code of Guarantor	Occupatio				
	İ	Address of Employer			
	1	uaranteed Outstandin	ng		
	\$	CHRIOTAL	OUTSTANDING LOA	NS THIS PAGE	\$1/32.98

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ____ of ____

Complete Com	militee Name Friends 5	1	John	
Instructions for	or completing schedules are on the back	of eac	h schedule.	
Date	Full Name, Mailing Address and Zip Code)		Specific F

Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
ا بند بن مد	Of Person or Business to Whom Payment is Made	1 .	
12/1)/14	Coliseum Ber	Fundrasiy Event	
	232 e olin Ave	1	225
	madison 53713		
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
17 65 /11	2401-0	office Supplies	1 22
12/11/14	Maples	1 000000	6,33
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			ľ
	Check if: In-Kind Offset		A
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
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Various		0	6.5
0417007	,	1 tce)	
	Check if: In-Kind Offset	34-	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		·
/ /			
•	Check if: In-Kind Offset		ļ.
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1			
			*
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1	•		
		•	
	Objects is the Kind Office		
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	Opodina i dipodo di Enpartamento	,
1 1			
	Charles Charles		
Data.	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	opecition dipose of experiencies	, under
1 1	Of the office of the order of t		
*.			
	Check if: In-Kind Offset	Casalia Durassa of Evagaditura	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Person of business to whom Payment is wade		
•			
			20
•			1 314 331
	Check if: In-Kind Offset		311.00
			100 11 0
	WI TAMANAM Y L	TEMPEN EVOCAINITI IDEC TUIC DACE	\$ 374,50
	SUBTOTAL	TEMIZED EXPENDITURES THIS PAGE	
		•	24103
		TOTAL ITEMIZED EXPENDITURES	s 3/9,35
		O INE IT WHILE DE ENDITORING	
	•		
	TOTAL LINITE	EMIZED EXPENDITURES \$20 OR LESS	s Ø
	The Children Portation		0
			マロクス
		TOTAL EXPENDITURES	\$ 21113