	N FINANCE REPOI MITTEES OF WISC				
Is This Report an Amendment:	■ No	Isaac File	GEIVEN		
-	ck of each schedule.		ED 00 2015		
COMMITTEE IDENTIFICATION	-		ED A TOIL		
	ER	1 1	the state of the s		
22 GOLF COURSE RD		O)	FFICE USE ONLY		
City, State and Zip Code MADISON, WI 53704					
Please check if address is different than previously reported, a	nd complete the Campaign I	Registration Statement in	the back of this form.		
NAME OF REPORT					
January Continuing 2015 Pre-Primary Pre-Primary	Spring Fall	1 Special			
July Continuing Pre-Election	Spring Fall	II Special	Termination Report also complete Schedule 4		
			T		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar			
1. RECEIPTS		Year-To-Date	_		
	\$ 0	\$0			
		\$0			
		\$0]		
	\$0	\$0			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) 2. DISBURSEMENTS			7		
	\$1,618.00	\$1,618.00			
2A. Gross Expenditures 2B. Contributions to Committees (Transfers-Out)	10101	\$ 134.04			
	\$1,752.04	\$1,752.04			
CASH SUMMARY	s for completing schedules are on the back of each schedule. TEE IDENTIFICATION FRIENDS OF ANITA WEIER 22 GOLF COURSE RD MADISON, WI 53704				
	\$1,752.04				
Cash Balance Beginning of Report		1	v i		
Total Receipts		1			
Subtotal	1	1			
Total Disbursements		1 .			
CASH BALANCE END OF REPORT		1			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$U	1			
LOANS (Balance at the Close of This Period-3B)	\$ 0]			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

I certify that I have elemented to I		
	Signature of Candidate or Treasurer Belinda Neal Genda Description of Candidate or Treasurer Belinda Neal Genda Description of Candidate or Treasurer Description of Cand	Date: 02/02/2015
Belinda Neal Genda	Belinda Neal Genda and an edit Genda and an edit Genda an	/h/181 //lh_4/74
	Elitari Dominos	

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

1 1 Page ___ of ___

Complete Comm	nittee Name								
FRIENDS	OF ANI	TA WE	EIEF	₹					
Instructions fo	r completing	schedul	es are	on t	he back o	of eac	h schedule.	Amount	Calendar
Date	Full Name,	Mailing Ad	ldress	and Z	ip Code		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	7,11.00.11	Year-to-Date Total
1 1						Ì			
							-		
•							O and all Names		
	Check if: Full Name,	In-Kind	Lo	an C	Conduit		Conduit Name:Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name,	Maining Ac	Jui Coo	and 2	ip oodo		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 . 1	,						•		
	Ohaak ifi	In-Kind		ہے۔	Conduit		Conduit Name:		
Date	Check if: Full Name,	Mailing A	ddress	and 2	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. 1.							Of Employment (II year-to-date total exceeds \$100)		
1. 1.						ļ			
									ļ
	Check if:	In-Kind	L	oar	Conduit		Conduit Name:	Amount	Calendar
Date	Full Name,	, Mailing A	ddress	and i	Zip Code		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	i	Year-to-Date Total
1 1						ļ			
						Ì			
	_			-			- 1 WM		
	Check if: Full Name	In-Kind	L	oar	Conduit		Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name	, Mailing A	(uures	sanu	Zip Gode	ļ	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 1						İ			,
1	1					1		į.	
	اء بير		<u>,</u> г	٦٠٠٦	Conduit	Į	Conduit Name:		
Date	Check if: Full Name	e, Mailing A	Addres	s 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
							Of Employment (If year-to-date total exceeds \$100)		
/ /							w.		
	į								
	ļ								
	Check if:	In-Kind			Conduit		Conduit Name:	Amount	Calendar
Date	Full Name	e, Mailing A	Addres	s and	Zip Code		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	7 tillount	Year-to-Date Total
, ,		•							,
						٠		-	
	١.		-		7		Our duit Name:		
	Check if:	In-Kin e, Mailing			Conduit		Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
Date	Full Nami	e, Mailing	Auules	33 and	ZIP COUC		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 1	ļ								3
	-						·		
	}								
	Chapte if	In-Kin		Load	Conduit		Conduit Name:		
	Check if:	L JH-IXIII	<u>'''</u>	Loai			TO STANFOR CONTRIBUTIONS THE DAGE	\$	
						SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE		
,							TOTAL ITEMIZED CONTRIBUTIONS	\$	
						ΔΤΟΤ	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
								1 0	
					TOTA	AL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	L	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

	1	1
Page	ı	of

Complete Committee Name	
FRIENDS OF ANITA WEIER	
I MENDO OF AUTOMOTOR	

Instructions for	r completing schedules are on the back of each schedule.		Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Year-To-Date Total
1 1			
-	Check if: In-Kind Loan	Amount	Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	/ mount	Year-To-Date Total
1 1			
	<u> </u>		
	Check if: In-Kind Loan	Amount	Calendar
Date	Full Name of Committee, Mailing Address and Zip Code		Year-To-Date Total
1 1			
	Check if: In-Kind Loan Loan Check if: In-Kind Loan	Amount	Calendar
Date	Full Name of Committee, Mailing Address and Zip Code		Year-To-Date Total
1 1			
	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Date	Full Name of Committee, Mailing Addicas and Exp 3333		Year-10-Date Total
/ /			
•			
	Check If: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Date	Full Name of Committee, Maning / Resident Lands /		Teal-10-Date Total
/ /			
Data	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Date	Tuli Name of Commission		Tour to Bute tour
1 1			
Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	Check if: In-Kind Loan		
Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
, ,			
	Check if: In-Kind Loan		Oclondor
Date	Check if: In-Kind ILoan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	Check it In-Kind Loan		
	Oncox of principal		
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$	
	SUBTOTAL CONTINUE HONG (Hamelet My		
		\ _{\$} O	
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$ •	Ì

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

	1 1	
Page _	of	

Complete Committee Name	
FRIENDS OF ANITA WEIER	_

	ANITA WEIER		
	completing schedules are on the back of each schedule.	Type of Income	Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1		·	
	·		Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1			
	·		Amazint
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1			
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
1 1	of Source of Income		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Income		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
1 1	of Source of Income		
	,		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Income		
. ,			
		-	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Income	•	
	,		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
1 1	of Source of Income	·	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Income		
	•		
	·		
	SUBTO	TAL OTHER INCOME THIS PAGE	\$
	TO	OTAL ITEMIZED OTHER INCOME	\$
	TOTAL UNITEMIZE	D OTHER INCOME \$20 OR LESS	\$
			0
		TOTAL OTHER INCOME	\$ U

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name
FRIENDS OF ANITA WEIER

	744174 VVEIET			
Instructions for	completing schedules are on the back of each	scheaule.	Overige Durages of Evpanditure	Amount
Date	Full Name, Mailing Address and Zip Code		Specific Purpose of Expenditure	
7/47/44	Of Person or Business to Whom Payment is Made			\$35.00
7/1/7/14	Union Labor News	*		
			•	1
	1602 <u>S. P</u> ark St. #228		,	
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code			A.F. 00
0/4/5/4/4	Of Person or Business to Whom Payment is Made		Bank Service Fee	\$ 5.00
9/1/5/14	Associated Bank			
		#		
	2001 <u>Lo</u> ndonderry Drive			
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code		i '	
10/15//14	Of Person or Business to Whom Payment is Made		Bank Service Fee	\$ 5.00
10//13//14	Associated Bank			
		•		
	2001 <u>Lo</u> ndonderry Drive			
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made		· ·	A 5 00
11/17/14	Of Person or Business to Wholi Payment is Made		Bank Service Fee	\$ 5.00
11/11/14	Associated Bank			
		4]
	2001 <u>Lo</u> ndonderry Drive			
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made			l # 0 00
12/10/14	Of Person or Business to Wildin Payment is Made		Bank Service Fee	\$ 8.00
12/10//14	Associated Bank			
				i i
	2001 Londonderry Drive		1	
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	•		#4 FGO 00
8/7/14/	Of Person of Business to Wholit Payment is Made		Loan Repayment	\$1,560.00
0/1//14/	Anita Weier		, .	
		6		
	22 Golf Course Rd.		•	
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	.	Opcomo i dipoco di Esperiment	
, ,	Of Person or Business to Wholit Fayment is Made	•		
/ /				
	Check if: In-Kind Offset		Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	a	Oposino i dipose di Esp	
, ,	Of Person or Business to Whom Payment is widde			
/ /				
				1
1				
	Check if: In-Kind Offset		Specific Purpose of Expenditure .	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	a.	Opposite talkers at any	
, ,	Of Person of Business to Whom Caymon is indust	-		
/ /			·	
	Check if: In-Kind Offset			
				±1 618.00 ±
•		SUBTOTAL	ITEMIZED EXPENDITURES THIS PAGE	\$1,618.00 \$1,618.00
			•	1 010 00
				⊥.1.618.00
			TOTAL ITEMIZED EXPENDITURES	\$ - 7
				1
				. .
		TOTAL UNIT	EMIZED EXPENDITURES \$20 OR LESS	
				1,618.00
			TOTAL EXPENDITURES	; _{\$} 1,010.00
			IOIAL EVACIONIONES	· · ·



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name	
FRIENDS OF ANITA WEIER	

	r completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Date	·	50.00	1
0//20//14	Susam Happ for Wisconsim		50.00
	H-CO 1800X 3/411		
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
2/10/14	Friends of Rebecca Kimble	84.04	84.04
2//10//14		3	0 1.0 1
	Check if In-Kind Loan		Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
1 1			
	Check if In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	·	Year-To-Date Total
1 1			
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Tun Hamo, manage		
/ /			
	Check if In-Kind Loan	A	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
1 1			
	Check if In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	1	Year-To-Date Total
/ /			
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
, ,			\$
	Check if In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
1 1			
	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
Date	Fun Name, waining Address and Esp		Teal-10-Date Total
/ /			
	Check if In-Kind Loan		·
	Check if In-Kind Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAG	\$ \$	
	SUBTOTAL SOUTHER COMMENTS.		, in the second of the second
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEE	s \$	

SCHEDULE 3-A

ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

	1	1
Page		_ of '

Complete	Committee	Name
----------	-----------	------

FRIENDS OF ANITA WEIER

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumula Th	tive Payments is Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
, ,	•					
, ,		Nature of Debt (Purpose)				
,						
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)	•			
-						
Date	Full Name, Mailing Address and Zip Code of Creditor				,	
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	·	N. (Dald (Darana)				
		Nature of Debt (Purpose)			•	. "
	The Code of Codillor					
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		Hattire of Boot (Fulposs)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
	Turrivanie, Walling Address and Elp 3000 9, 5,500.					
/ /		Nature of Debt (Purpose)				
	·					
Date	Full Name, Mailing Address and Zip Code of Creditor					
, ,						
, ,		Nature of Debt (Purpose)	L			
,						
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			\$	
		TOTAL ITEMATED ODLICATIONS			\$	
		TOTAL ITEMIZED OBLIGATIONS			Ψ	
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			\$	
			,		. Ո	
	TOTAL INCURRED OBLIGATIONS			TIONS	\$ 0	



ADDITIONAL DISCLOSURE

1 1 Page ___ of ___

Loans Individual, Committee or Commercial

Complete Committee Name FRIENDS OF ANITA WEIER

Instructions fo	r completing schedules are on the back of each schedul	e.				
	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 8/7/14	Anita Weier, 22 Golf Course Rd. Madison, V		1,560	0	1,560	0
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation		,		
*		Name and	Address of Employer			
		Amount Gu	aranteed Outstanding			
Full Name Mail	ing Address and Zip Code	\$ Occupation				
of Guarantor	my Address and 21p oods	·				
		Name and	Address of Employer			
			aranteed Outstanding			1
	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 Endorse	rs or Guarantors (if any)	-				
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
		Name and	Address of Employer			
		Amount Gu	aranteed Outstanding			
Full Name, Mailing Address and Zip Code Occupation						
of Guarantor		Name and Address of Employer				
		Amount Gu	uaranteed Outstanding			
Date	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
l l						
List All Endorse	ers or Guarantors (if any)					
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation)			·
of Guarantor		Name and	Address of Employer			
-		Amount Gu	uaranteed Outstanding			
P.BAI. B.	line Address and Tip Code	\$ Occupation				-
of Guarantor	ling Address and Zip Code		Address of Employer			
		Amount Gu	uaranteed Outstanding			
			SUBTOTAL O	UTSTANDING LOA	Į.	_{\$} 0
				TOTAL OUTSTA	NDING LOANS	\$ 0

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

FRIENDS OF ANITA WEIER

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.12(3))

SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR	? 2-B.
Recipient	. Amount
Friends of Rebecca Kimble	\$84.04
T THE PERSONNEL	Recipient

Endorser, Guarant	, or Creditor Ar
l n/a	•
μπα	

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Belinda	Neal	Genda
---------	------	-------

Digitally signed by Belinda Neal Genda
DN: cn=Belinda Neal Genda, o=Friends of Anita Weier,
ou=Treasurer, email=belindagenda@yahoo.com, c=US
Date: 2015 02 02 14:35:30 -06:007

2/2/2015

Signature of Candidate or Treasurer

Date