CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				CEINED	
Is This Report an Amendment: Yes No			DIE	96000	
Instructions for completing schedules are on the back	\mathbb{U} .	JUL 1 5 2016			
COMMITTEE IDENTIFICATION	*			OLERK	
Name of Committee			MADI	SON CITY CLERK	
Samba and Friends Street Address		-	OF	FICE USE ONLY	
5150 Crescent Oaks Dr					
City, State and Zip Code Madison WI 53704					
Please check if address is different than previously reported, and	complete the Campaign Reg	istration Stater	nent in the b	ack of this form.	
NAME OF REPORT		×	-		
January Continuing Pre-Primary					
July Continuing 10	Spring I	Fall S	pecial	☐ Termination Report	
September Continuing Pre-Election				also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colum		ž .	
DISBURSEMENTS	This Period	Calendar Year-To-Date			
1. RECEIPTS		Tom To Date		*	
1A. Contributions (Including Loans) from Individuals	\$	\$		A B	
1B. Contributions from Committees (Transfers-In)	\$	\$, .	
1C. Other Income and Commercial Loans	\$.01	\$,01		,	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.01	\$,01		2	
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 23.00	\$ 23.00			
2B. Contributions to Committees (Transfers-Out)	\$	\$			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 23.00	\$ 23,00			
CASH SUMMARY				*	
Cash Balance Beginning of Report	\$ 292.08				
Total Receipts	\$ 201	,			
Subtotal	\$ 292.09				
Total Disbursements	\$ 23.00				
CASH BALANCE END OF REPORT	\$ 269.09				
INCURRED OBLIGATIONS	ф				
(Balance at the Close of This Period-3A)	\$ 160.00				
LOANS (Balance at the Close of This Period-3B)					

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	Signature of Candidate or Treasurer	Date: 7-15-110
Susan V Pactor	Dumm Pater	4.6.212.2.60
Susan K. Pastor	Email skpastoreskalobal.net	Daytime Phone: 608-217-7099

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



RECEIPTS Other Income and Commercial Loans

Page	1	of	
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Complete Committee Name		
	effectives .	
Jambaland	traemi	

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1/29	Wells Fargo 4302 East Towne Blud Machson W1 53704	Interest on account	4.01
450-40			
		·	
		SUBTOTAL OTHER INCOME THIS PAGE	\$ 001
		TOTAL ITEMIZED OTHER INCOME	\$
		TOTAL OTHER INCOME	\$.01



DISBURSEMENTS Gross Expenditures

Page ____ of ____

Complete Committee Name	
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Samba and Friends	

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
3/24	Summit Credit Union 4800 American Pkuy MAD ISON W1 53718 Check if: 1 In-Kind Offset	print checks	\$1800
3/31	Summit Credit Union ASDD American PKwy Madison W1 53718 Check If: [] In-Kind Offset	account annual fee	\$5.00
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Oneokii.		·
	Check if: In-Kind Offset		
,,,,	Check if:		
	Check if: ☐ In-Kind Offset		
	CHECK II. III-KIII GUISEL		
	Check if:		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2300
		TOTAL ITEMIZED EXPENDITURES	\$ 2300
		TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES	\$ 2300
		IOTAL EXPENDITURES	



Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page ____ of ____

TOTAL OUTSTANDING LOANS \$ 1600

<u>S</u> a	imba and Friends					
Instructions fo	or completing schedules are on the back of each s					,
	Full Name, Mailing Address and Zip Code of Loan Sou Samba Baldeh 5150 Cres cent Oaks		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date 12/23/14	Madison W 5370	DY	160.00			160.00
List All Endorse	ers or Guarantors (if any)			have the contract of the contr	Annual Commence of the Commenc	and consequences ————————————————————————————————————
Full Name, Mail of Guarantor	iling Address and Zip Code	Occupation				
		Amount Guarantee	ed Outstanding			
Full Name, Mail of Guarantor	iling Address and Zip Code	Occupation				
		Amount Guarantee	ed Outstanding			
Date / /	Full Name, Mailing Address and Zip Code of Loan Sou	Irce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outslanding Obligations End of This Period
List All Endorse	ers or Guarantors (if any)	V				1
Full Name, Mall of Guarantor	iling Address and Zip Code	Occupation			***************************************	
		Amount Guarantee	ed Outstanding			
Full Name, Maili of Guarantor	ling Address and Zip Code	Occupation				
		Amount Guarantee	ed Outstanding			
Date / /	Full Name, Mailing Address and Zip Code of Loan Sou	irce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorser	l ers or Guarantors (if any)	MESTALENIA PARA PROPERTIEN PROPERTIENT PROPERTIEN			PV623044231426444444444444345345544425504426444444	
Full Name, Maili of Guarantor	ling Address and Zip Code	Occupation				
		Amount Guarantee	ed Outstanding			
Full Name, Maili of Guarantor	ling Address and Zip Code	Occupation				
		Amount Guarantee	d Outstanding			
AND DESCRIPTION OF PROCESSION AND PROCESSION OF THE PROCESSION OF			SUBTOTAL OL	UTSTANDING LOAI	NS THIS PAGE	\$ 1600