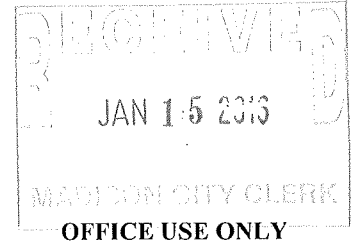


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee: COMMITTEE TO ELECT SHERI CARTER

Street Address: 5113 ASHFORD LANE

City, State and Zip Code: MADISON WI 53713

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 20 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- 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	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ <u>0.67</u>	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>0.67</u>	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <u>153.00</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>153.00</u>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>1,145.17</u>
Total Receipts	\$ <u>0.67</u>
Subtotal	\$ <u>1,145.84</u>
Total Disbursements	\$ <u>153.00</u>
CASH BALANCE END OF REPORT	\$ <u>992.84</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ <u>402.36</u>

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 <u>Don Holec Treasurer</u>	Signature of Candidate or Treasurer <u>Don R. Holec</u>	Date: <u>1-16-13</u>
	Email	Daytime Phone:

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
Contributions (Including Loans) From Individuals

Complete Committee Name
COMMITTEE TO ELECT SHELI CARTER

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12-31-15	SUMMIT CREDIT UNION LLC P.O. BOX 8046 MADISON WI 53708 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		0.67	1.04
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 0.67	1.04
TOTAL ITEMIZED CONTRIBUTIONS	\$ 0.67	1.04
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 0.67	1.04

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
COMMITTEE TO ELECT SHERI CARTER

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
	CAPITAL CITY HUES, LLC PO BOX 259712 MADISON, WI 53725 Check if: <input type="checkbox"/> In-Kind Offset	Display Ad 1/4 page	150.00
	SUMMIT CREDIT UNION PO BOX 8046 MADISON WI 53708 Check if: <input type="checkbox"/> In-Kind Offset	SERVICE FEE	3.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 153.00
TOTAL ITEMIZED EXPENDITURES	\$ 153.00
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 153.00