CAMPAIGN FINANCE REPORT STATE OF WISCONSIN ETHCF-2 Is This Report an Amendment: Yes ✓ No Filing Period Name: July Continuing 2016 Covers all activity from 01/01/2016 through 06/30/2016	DECEIVE N JUL 1 5 2016
COMMITTEE IDENTIFICATION Name of Committee/Corporation: Soglin for Mayor	MADISON CITY CLERE
Street Address: PO Box 1228	OFFICE USE ONLY
City, State and Zip: Madison, WI 53701	GAB ID Number
Please check if address is different than previously reported, and complete the Campaign Registration Statement on the back of this form.	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar
1. RECEIPTS		Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$19,464.00	\$19,464.00
1B. Contributions from Committee (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$19,464.00	\$19,464.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$1,724.40	\$1,724.40
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$1,724.40	\$1,724.40

CASH SUMMARY	
Cash Beginning Balance Beginning of Report *	\$2,119.25
Total Receipts	\$19,464.00
Subtotal	\$21,583.25
Total Disbursements	\$1,724.40
CASH BALANCE END OF REPORT	\$19,858.85
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$0.00
LOANS (Balance at the Close of This Period-3B)	\$17,750.00

^{*} Cash Balance as reported by committee

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

Signatur of Candidate or Treasurer

Date: 07/14/2016

Daytime Phone: (608) 206-1818

NOTE: The information on this form is required by 11.0204, 11.0304, 11.0404, 11.0504, 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.

ETHCF-2 (Rev. 04/16) This form is prescribed by the Wisconsin Ethics Commission, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A

RECEIPTS

Page 2 of 9 Contributions (Including Loans) From Individuals

Complete Committee Name	
Soglin for Mayor	

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

Date 06/17/2016		Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	902 Hidden Cave Rd Madison, WI 53717 Contributor Type: Individual Contribution Type: Monetary	Real Estate	\$2,300.00	\$2,300.00
				Office Use
	Check if: In-Kind Loan Conduit - Ethics ID	#		
Date 06/21/2016	Full Name, Mailing Address and Zip Code Terrence R Wall	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	PO Box 7700 Madison, WI 53707 Contributor Type: Individual Contribution Type: Monetary	Real Estate	\$2,500.00	\$2,500.00
				Office Use
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit - Ethics ID	#		
Date 06/17/2016	Full Name, Mailing Address and Zip Code	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
00/1//2010	Perry Armstrong	·····		
06/17/2016	Perry Armstrong 8001 Coray Ln Verona, WI 53593 Contributor Type: Individual Contribution Type: Monetary	ceo	\$1,000.00	\$1,000.00
00/1//2016	8001 Coray Ln Verona, WI 53593 Contributor Type: Individual	• •		\$1,000.00 Office Use
	8001 Coray Ln Verona, WI 53593 Contributor Type: Individual	ceo		
	8001 Coray In Verona, WI 53593 Contributor Type: Individual Contribution Type: Monetary Check if: In-Kind Loan Conduit - Ethics ID Full Name, Mailing Address and Zip Code Wayne Harris	ceo		
Date	8001 Coray In Verona, WI 53593 Contributor Type: Individual Contribution Type: Monetary Check if: In-Kind Loan Conduit - Ethics ID Full Name, Mailing Address and Zip Code	ceo # Occupation (if year-to-date total	\$1,000.00 Amount of	Office Use
Date	8001 Coray In Verona, WI 53593 Contributor Type: Individual Contribution Type: Monetary Check if: In-Kind Loan Conduit - Ethics ID Full Name, Mailing Address and Zip Code Wayne Harris 5606 Lake Mendota Dr Madison, WI 53705	# Occupation (if year-to-date total exceeds \$200)	\$1,000.00 Amount of Contribution	Office Use Y-T-D Total

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

\$6,800.00
\$19,464.00
\$0.00
\$19,464.00

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

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Complete Committee Name	
Soglin for Mayor	e

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

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Date 06/14/2016	Full Name, Mailing Address and Zip Code Duane Hendrickson	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	4234 Wanda Pl Madison, WI 53711 Contributor Type: Individual	Realtor	\$1,000.00	\$1,000.00
	Contribution Type: Monetary			Office Use
				- Office Ose
	Check if: In-Kind Loan Conduit - Ethics ID	#		
Date 06/21/2016	Full Name, Mailing Address and Zip Code Gary Gorman	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	200 N Main St Oregon, WI 53575 Contributor Type: Individual Contribution Type: Monetary	Real Estate	\$1,000.00	\$1,000.00
	1.			Office Use
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit - Ethics ID	#		
Date 06/29/2016		Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	2124 Waunona Way Madison, WI 53713 Contributor Type: Individual	Chairman, CEO	\$1,000.00	\$1,000.00
				Office Use
	Check if: ☐ In-Kind ☐ Loan ☑ Conduit - Ethics ID	#0900010		
Date 06/14/2016	Full Name, Mailing Address and Zip Code Leonard Mattioli	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	2404 W Beltline Hwy Madison, WI 53713 Contributor Type: Individual Contribution Type: Monetary	businessman	\$1,000.00	\$1,000.00
				Office Use
	Check if: In-Kind Loan Conduit - Ethics ID	#		

\$4,000.00	SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE
\$19,464.00	TOTAL ITEMIZED CONTRIBUTIONS
\$0.00	TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS
\$19,464.00	TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

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Complete Committee Name	
Soglin for Mayor	

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

Date 06/17/2016	Full Name, Mailing Address and Zip Code Dennis Markos PO Box 5507 Madison, WI 53705 Contributor Type: Individual Contribution Type: Monetary	Occupation (if year-to-date total exceeds \$200) Consultant	Amount of Contribution \$2,000.00	Y-T-D Total \$2,000.00 Office Use
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit - Ethics ID	#		
Date 06/15/2016		Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	100 Thorstrand Rd Madison, WI 53705 Contributor Type: Individual Contribution Type: Monetary	retired	\$2,000.00	\$2,000.00
	Check if: ☐In-Kind ☐Loan ☐Conduit - Ethics ID	#		Office Use
Date	Full Name, Mailing Address and Zip Code	Occupation (if year-to-date total	Amount of	Y-T-D Total
06/25/2016	Debra H Houden 1115 Willow In	exceeds \$200)	Contribution	
	Madison, WI 53705 Contributor Type: Individual Contribution Type: Monetary	Executive Director	\$4,664.00	\$4,664.00
***************************************		,		Office Use
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit - Ethics ID	#		

\$8,664.00	SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE
\$19,464.00	TOTAL ITEMIZED CONTRIBUTIONS
\$0.00	TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS
\$19,464.00	TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

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Complete Committee Name	
Soglin for Mayor	

Instructions for completing schedules are on the back of each schedule. Date Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 04/04/2016 First Bank Merchant Services \$39.90 credit card fees PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 05/03/2016 First Bank Merchant Services \$39.90 credit card fees PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 01/04/2016 First Bank Merchant Services credit card fees \$39.90 PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary
Expense Purpose: Bank Charges Check if: In-Kind Offset

\$119.70	SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE
\$1,724.40	TOTAL ITEMIZED EXPENDITURES
\$0.00	TOTAL UNITEMIZED EXPENDITURES
\$1,724.40	TOTAL EXPENDITURES

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

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Complete Committee Name
Soglin for Mayor

Instructions for completing schedules are on the back of each schedule.					
Date 06/27/2016	Postmaster 215 Martin Luther Ki Madison, WI 53703 Payee Type: Business Expense Category: Monetary Expense Purpose: Administrative Expenses	Specific Purpose of Expenditure PO Box rental	Amount \$85.00		
Date 06/03/2016	First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges	Specific Purpose of Expenditure credit card fees	Amount \$39.90		
Date 02/03/2016	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made First Bank Merchant Services PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: In-Kind Offset	Specific Purpose of Expenditure credit card fees	Amount \$39.90		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

TOTAL ITEMIZED EXPENDITURES

TOTAL UNITEMIZED EXPENDITURES

TOTAL EXPENDITURES

\$164.80 \$1,724.40 \$0.00 \$1,724.40

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

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Complete Committee Name Soglin for Mayor

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 02/06/2016 Latino Chamber Of Commerce Banquet tickets \$200.00 810 W Badger Rd Madison, WI 53713 Payee Type: Business Expense Category: Monetary Expense Purpose: Tickets to Events Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 03/03/2016 First Bank Merchant Services \$39.90 credit card fees PO Box 407066 Fort Lauderdale, FL 33340 Payee Type: Other Expense Category: Monetary Expense Purpose: Bank Charges Check if: In-Kind Offset Date Full Name, Mailing Address and Zip Code of Specific Purpose of Expenditure Amount Person or Business to Whom Payment is Made 01/27/2016 Paul Soglin partial repayment of loan \$1,200.00 121 Standish Ct Madison, WI 53705 Payee Type: Individual Expense Category: Monetary Expense Purpose: Administrative Expenses Check if: In-Kind Offset

> SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$1,439.90 TOTAL ITEMIZED EXPENDITURES \$1,724.40 TOTAL UNITEMIZED EXPENDITURES \$1,724.40

TOTAL EXPENDITURES

\$0.00

SCHEDULE 3-B

Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Soglin for	Mayor				-	
Instructions for	completing schedules are on the back of each	ch schedule.				
	Full Name, Mailing Address and Zip Code of L	oan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Obligations End of This Period
Date	Paul Soglin 121 Standish Ct					
05/06/2014	Madison, WI 53705		\$16,500.00	\$0.00	\$0.00	\$16,500.00
List All Endors	sers or Guarantors (if any)					
Full Name, Ma	ailing Address and Zip Code of Guarantor	Occupation				
		Amount Gua	aranteed Outstanding			
	,					
	Full Name, Mailing Address and Zip Code of Lo	oan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Obligations End of This Period
Date	Paul Soglin 121 Standish Ct					
11/16/2011	Madison, WI 53705	:	\$2,000.00	\$0.00	\$1,200.00	\$800.00
List All Endors	ers or Guarantors (if any)	·	1			
Full Name, Ma	ailing Address and Zip Code of Guarantor	Occupation				1
		Amount Gua	aranteed Outstanding			
	Full Name, Mailing Address and Zip Code of Lo	oan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Obligations End of This Period
Date	Scott Herrick 14 Hidden Hollow Trl					
10/29/2013	Madison, WI 53717		\$200.00	\$0.00	\$0.00	\$200.00
List All Endors	ers or Guarantors (if any)					
Full Name, Ma	iling Address and Zip Code of Guarantor	Occupation				
		Amount Gua	ranteed Outstanding			

SUBTOTAL OUTSTANDING LOANS THIS PAGE

TOTAL OUTSTANDING LOANS

\$17,500.00

\$17,750.00

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Complete Cor	mmittee Name					
Soglin for	Mayor					
Instructions for	completing schedules are on the back of e	ach schedule	•			
	Full Name, Mailing Address and Zip Code of	Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Obligations End of This Period
Date	Paul Soglin 121 Standish Ct					
11/25/2013	Madison, WI 53705		\$250.00	\$0.00	\$0.00	\$250.00
List All Endors	sers or Guarantors (if any)				I	L
Full Name, Ma	ailing Address and Zip Code of Guarantor	Occupation				
		Amount Gu	aranteed Outstanding		***************************************	
	,					