CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE JUL 2 4 2017 NO X Is this report an Amendment? YES MADISON CITY CLERK **COMMITTEE IDENTIFICATION** Samba and Friends Name of Committee Address 5150 Crescent Oaks Drive City, State, ZIP Madison WI 53704 OFFICE USE Please check if address is different than previously reported NAME OF REPORT Jan 20__ Continuing Pre-Primary 20 Fall Spring July 2017 Continuing X Pre-election 20 Spring Fall September 20 Continuing SUMMARY OF RECEIPTS AND DISBURSEMENTS Column A **Audited Total** Column B 1. RECEIPTS This Period Office Use Or YTD 1980,65 A. Contributions including Loans from Individuals \$ \$ B. Contributions from Committees (Transfers-In) 0 C. Other Income and Commercial Loans _ 198065-TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C) 2. DISBURSEMENTS 1738.73 2200.78 A. Gross Expenditures \$ \$ B. Contributions to Committees (Transfers-Out) 2200.78 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$ CASH SUMMARY 65 Cash Balance at Beginning of Report 1787 \$ **Total Receipts** \$ 0 Subtotal 65 \$ 1787 78 **Total Disbursements** \$ B 49.87 CASH BALANCE AT END OF REPORT \$ **INCURRED OBLIGATIONS** (at close of period) \$ LOANS (at close of period) I certify that I have examined this report and to the best of my knowledg<u>e and</u> belief it is true, correct and complete. Signature of Candidate or Treasured MMM Type or Print Name of Candidate or Treasurer 7-24-17 Susan K. Pastor Daytime Phone

5kpastor@sbcglobal.ret

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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ____ of _____

Complete Committee Name	
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Sambaand	menas

Instructions for	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						
3.27-17	Wells Print & Digital BOX1744 MADISDIVW) 53701 Check if: [] In-Kind Offset	Mailer	1704,73						
3-31-17	Summit Gudit Umon 4800 Americani Pkwy MADISON WI 53708 Check if: 1 In-Kind Offset	Annual (see	\$500						
4-3-17	Nation Builder 520 Grand Aul Los Angeles CA 90071 Check if: 1 In-Kind Offset	Website hosting	\$2900						
	Check if:								
	Check if:								
	Check if: ☐ In-Kind Offset								
	Check if: In-Kind Offset								
	Check if: In-Kind Offset								
	\$ 1738,73								
	\$1738.73								
	\$ Ø								
	\$ 1738.73								



Complete Committee Name

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Sc	imba and Friends						
Instructions for completing schedules are on the back of each schedule.							
	Full Name, Mailing Address and Zip Code of Loan Source Samba Baldeh 5150 Cres cent Oaks Dr		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
Date 12/23/14			16000	Ø		16000	
	ers or Guarantors (if any)		, 40 /			1	
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Date	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
1 1							
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Full Name, Mailing Address and Zip Code of Loan Source Date		rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
1 1					La Company of the Com		
List All Endorse	rs or Guarantors (if any)						
Full Name, Mailing Address and Zlp Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
		Leave					