CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN							
Is This Report an Amendment: Yes	(D)	EGEIVE					
Instructions for completing schedules are on the bac		JUL 1 7 2017					
COMMITTEE IDENTIFICATION	L FF						
Name of Committee FRIENDS OF SHIVA BIDAR-SIELAFF			N	IADISON CITY CLERK			
2704 KENDALL A	VE		OI	OFFICE USE ONLY			
City. State and Zip Code HAD I SON WI 53	705						
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 ☐ Pre-Primary ☐ You Describe Description ☐ Pre-Election ☐ P		Fall S	pecial	Termination Report also complete Schedule 4			
SUMMARY OF RECEIPTS AND	Column A	T Cal	D.				
DISBURSEMENTS	Column A This Period	Column B Calendar					
1. RECEIPTS		Year-To-Date		9. II			
1A. Contributions (Including Loans) from Individuals	\$ 1501-	s 150					
1B. Contributions from Committees (Transfers-In)	\$ \$	\$ \$6					
IC. Other Income and Commercial Loans	\$ Ø	\$ \$	^				
TOTAL RECEIPTS (Add totals from IA, IB and IC)	\$ 150	\$ 150	,				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ Ø	s Ø					
2B. Contributions to Committees (Transfers-Out)	\$ \$	s Ø					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ Ø	\$ Ø					
CASH SUMMARY							
Cash Balance Beginning of Report	\$ 955,71,-						
Total Receipts	\$ 150,-						
Subtotal	\$ 1,105.71						
Total Disbursements	\$ Ø		DEC	SEIMED			
CASH BALANCE END OF REPORT	\$ 1,105,71						
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ \$	30 JUL 1 7 2017 D					
LOANS (Balance at the Close of This Period-3B)	s Ø	MADISON CITY CLERK					
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  Signature of Candidate or Treasurer  Chiva Bidax- Dieleft  Date: 07/17/17  Email Shiva bidax- Dieleft  Daytime Phone: (608) 2206986							

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.

## SCHEDULE 1-A

## **RECEIPTS** Contributions (Including Loans) From Individuals

Page <u>1</u> of <u>1</u>

Complete Committee Name
FRIENDS OF SHIVA BIDAR-SIELAFF

Instructions for Date	or completing schedules are on the back of each so Full Name, Mailing Address and Zip Code	chedule.  Occupation (if year-to-date total exceeds \$200)		
5 Prince	Of Contributor	Goodpalion (ii year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/28/17 39	3939 SUMAC CIR MIDDLETON WI 53562	N/A	\$100,-	\$100.
	Check if: In-Kind Loan Conduit - Ethics ID#	0900187		
3/31/17	JOHN FLAD 3939 SUHAC CIR MIDDLETON WIS3562	N/A 0900187	\$50,-	\$ 150,-
<del>_</del> . ,	Check if: In-Kind Loan Conduit - Ethics ID#	0900187		
	Check if: In-Kind Loan Conduit – Ethics ID#	<u> </u>	eutics :	
		7/ 7		
	2 2 2 2 2			14 37 1
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
asiv	Check if: In-Kind Loan Conduit - Ethics ID#			
U 7105	71 JUL 17			
	TIO MOZIGAM  Check if: In-Kind Loan Conduit Ethics ID#	* 		
		TEMIZED CONTRIBUTIONS THE DATE	s 150	\$150,-
	SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS		\$ 150	\$ 150,-
	TOTAL ANONY		s Ø	\$
			s 150,-	\$150,-