					JEPI	SIWISI
CAMPAIGN FINANCE REPO	RT					
WISCONSIN LOCAL COMMIT	TEE				h)	4 4 0043
					U JUL	1 4 2017
Is this report an Amendment?	Y	ES NO X				
					MADISON	CITY CLEF
COMMITTEE IDENTIFICATION				L		
Name of Committee Friends of Denise DeMarb		*				1
Address 6326 Maywick Drive #204						
City, State, ZIP Madison, WI 53718					OFFICE US	E ONLY
Please check if address is different than previously reported						
NAME OF REPORT Jan_Continuing Pre-Primary 20				Spring	Fal	l Special
JulyX_ Continuing				Spring	Fal	l Special
September 20 Continuing						
SUMMARY OF RECEIPTS AND DISBURSEMENTS	(	Column A		Column B	Audited Tot	tals
1. RECEIPTS	T	his Period		YTD	Office Use	Only
A. Contributions including Loans from Individuals	\$	250.00	\$	853.97		
B. Contributions from Committees (Transfers-In)	\$	_	\$	_		
C. Other Income and Commercial Loans	\$		\$	-		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	250.00	\$	853.97		
2. DISBURSEMENTS	_	PAR Manufacture of the Control of th				
A. Gross Expenditures	\$	400.00	\$	735.91		
B. Contributions to Committees (Transfers-Out)	\$		\$	-		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	400.00	\$	735.91		
CASH SUMMARY						
Cash Balance at Beginning of Report	\$	3,604.96				
Total Receipts	\$	250.00				
Subtotal	\$	3,854.96				
Total Disbursements	\$	400.00				1 1
CASH BALANCE AT END OF REPORT	\$	3,454.96				
INCURRED OBLIGATIONS (at close of period)	\$	-				1
LOANS (at close of period)	\$					
I certify that I have examined this report and to the best of my knowl	odao e	nd hallof it in twee	0 00	react and complete		
Type or Print Name of Candidate or Treasurer	-	re of Candidate or			Date	7/14/2017
		H. Dickrell	- 1	in Hillar	100,000	
Joan H. Dickrell	Email	( )		WILL TOWN	Daytime Phone	608-345-6708
	jdicki	rell@charter.n	<u>et</u>			

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 1-A Contributions Including Loans from Individuals

YTD																		
<b>AMOUNT</b> \$ 250.00	20.00																	
OCCUPATION																		
ST ZIP Wi 53711																		
CITY STECHBURG V																		
ADDRESS 5501 Shale Road								and the state of t	The second secon			- Annual Control of the Control of t						
FIRST Timothy																		-
19																		
DATE LAS 06/05/17 Lightner																		
CONDUIT																		
IN-KIND																		

**Contributions from Committees** 

YTD																			
AMOUNT																			
ZIP																			
ST																			
CITY				Application of the state of the															
ADDRESS	- Paragraphian - Para																		
Ethics ID#														The second secon					
COMMITTEE NAME																			
DATE																			
KIND						1												Ĭ	

Other Income and Commercial Loans

AMOUNT	<b>2</b>															- Composite Comp			
REASON FOR INCOME										The second secon									
ZIP	out.																		
ST																			
ADDRESS																			
NAME																			
DATE																			

**Gross Expenditures** 

SCHEDULE 2-A

			S	ZIF	<u>PURPOSE</u>	AMOUNT
04/14/17 Emerge Wisconsin	P.O. Box 599	Milwaukee	Wi	53201	53201 Training class	\$ 400.00

SCHEDULE 2-B

## **Contributions to Committees**

		 	 _	 	 ,		 _	 _	 	,	 		_		 1		 _		 	
QTY																				
AMOUNT																				
ZIP	8																			
ST		-	-													 				
CITY												,								Annual property and the state of the state o
ADDRESS																		t min		
Ethics ID#																				
NAME																				
DATE																				
IN-KIND																				

Incurred Obligations Excluding Loans

Outstanding Bal Close of Period	83	· <del>ω</del>	,	; \$		ı <del>V</del>	- چ	ا ج	: \$	ı <del>S</del>	ا ج											
Payment This Period	Name of the last																					
New Obligations This Period																						
Outstanding Balance Beg of Period																						
PURPOSE								10 100														And the state of t
ZIP																						
ST																						
CITY																						
ADDRESS																				AMAMAMATAN III II I	t i titti miniminin kanaki am	
NAME																						
DATE																						

Loans: Individual, Committee or Commercial

Guarantor (if any)	Name and Address																			
Outstanding Balance End	of Period	, \$	-	ا ج	- \$	- ج	ا ب	1	· •	, S	<del>ا</del>									
Cumulative. Payments.																				
New Loans	This Period																"			
Outstanding Balance Beg	of Period																			
	ZIP																			
	SI																			
	CITY																			
	ADDRESS					are it American														
	NAME																			
	<u>DATE</u>																			