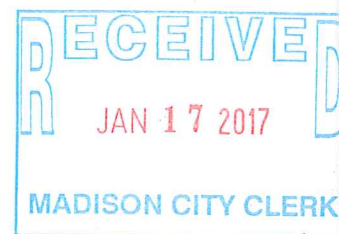


**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes                     No

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



**OFFICE USE ONLY**

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Sara Eskrich

Street Address

502 Edgewood Avenue

City, State and Zip Code

Madison, WI 53711

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 2017                     Pre-Primary \_\_\_\_\_  
 July Continuing \_\_\_\_\_                     Spring                     Fall                     Special  
 September Continuing \_\_\_\_\_                     Pre-Election \_\_\_\_\_
- Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ -	\$ -
1B. Contributions from Committees (Transfers-In)	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ -	\$ -
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ -	\$ -

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 175.85	\$ 175.85
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 175.85	\$ 175.85

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2,705.30
Total Receipts	\$ -
Subtotal	\$ 2,705.30
Total Disbursements	\$ 175.85
<b>CASH BALANCE END OF REPORT</b>	\$ 2,529.45
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ -

*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	Date:
Sara Eskrich		January 15, 2017
	Email: sara.eskrich@gmail.com	Daytime Phone: 608-669-6979

**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 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Friends of Sara Eskrich

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
10/30/2017	Wix 500 Terry Francois Blvd San Francisco, CA 94158  Check if: <input type="checkbox"/> In-Kind Offset	Website hosting	111.00
11/8/2017	Wix 500 Terry Francois Blvd San Francisco, CA 94158  Check if: <input type="checkbox"/> In-Kind Offset	Website domain name	24.85
8/22/2017	South Central Federation of Labor 1602 S. Park St. Rm. 228 Madison, WI 53715  Check if: <input type="checkbox"/> In-Kind Offset	Advertising	40.00
	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		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 175.85
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ 175.85
<b>TOTAL UNITEMIZED EXPENDITURES</b>	\$ -
<b>TOTAL EXPENDITURES</b>	\$ 175.85