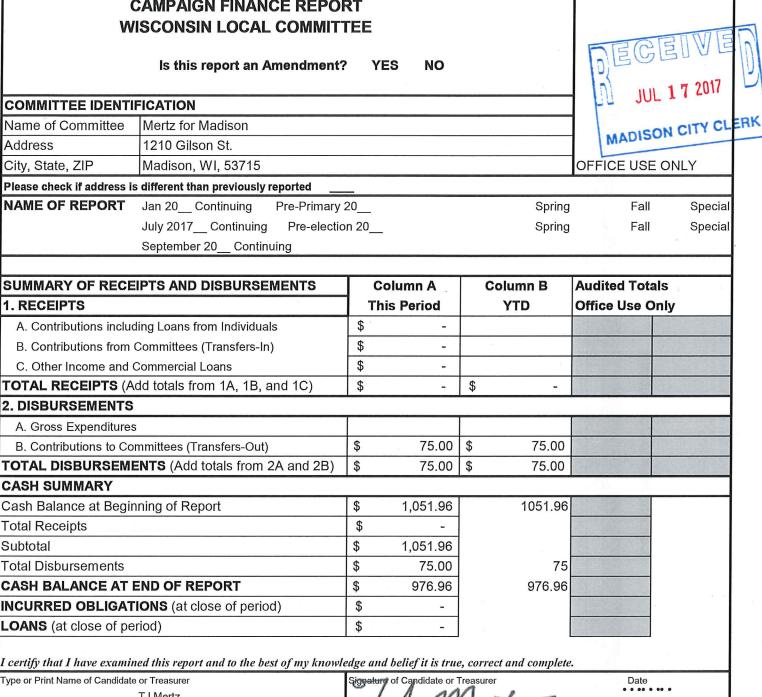
CAMPAIGN FINANCE REPORT



Type or Print Name of Candidate or Treasurer

Address

City, State, ZIP

1. RECEIPTS

CASH SUMMARY

Total Receipts

Subtotal

TJ Mertz

Daytime Phone

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)

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(INCENTION)	YTD	\$ 75.00
JUL 17 2017 DADISON CITY CLERK	AMOUNT	\$ 75.00
	ZIP	53715
	ST	M
s	CILY	Madison
tributions to Committe	ADDRESS	PO Box 5153
Contributi	Ethics ID#	
SCHEDULE 2-B	DATE NAME	1/24/2017 Committee to Elect Cris Carusi