| LOCAL COMMITTEES OF WISCONSIN | | | | | | | | |
|---|--|-------------------------|---------------|------------------|---|--|--|--|
| s This Report an Amendment: 🔀 Yes 🔲 No | | | | RE | REGEIVEN | | | |
| Instructions for completing schedules are on the back | c of e | ach schedule. | | | 2017 | | | |
| COMMITTEE IDENTIFICATION JAN 11 2017 | | | | | | | | |
| FRIENDS OF SKIDMORE MADISON CITY CLERK | | | | | | | | |
| Gr., 4 12 | | | | | FICE USE ONLY | | | |
| 13 RED MAPLE TRAIL City, State and Zip Code | | | | | | | | |
| MAD(50N, WI 537/7 | | | | | | | | |
| 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 September Continuing Pre-Election | ☐ Pre-Primary ☐ Spring ☐ Fall ☐ | | | | Termination Report also complete Schedule 4 | | | |
| SUMMARY OF RECEIPTS AND | | Colonia A | | Column B | | | | |
| DISBURSEMENTS | | | | Calendar | - · · · · · · · · · · · · · · · · · · · | | | |
| 1. RECEIPTS | 1 | | | Year-To-Date | | | | |
| 1A. Contributions (Including Loans) from Individuals | \$ | 0 | \$ | 0 | | | | |
| 1B. Contributions from Committees (Transfers-In) | \$ | O | \$ | 0 | | | | |
| 1C. Other Income and Commercial Loans | \$ | 0 | \$ | 0 | | | | |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ | 0 | \$ | ව | | | | |
| 2. DISBURSEMENTS | | | | | - | | | |
| 2A. Gross Expenditures | \$ | 58.00 | \$ | 76,00 | , | | | |
| 2B. Contributions to Committees (Transfers-Out) | \$ | 0 | \$ | 0 | | | | |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | 58,00 | \$ | 76,00 | | | | |
| CASH SUMMARY | | | | | ş | | | |
| Cash Balance Beginning of Report | \$ | 67932 | | | | | | |
| Total Receipts | \$ | 0,00 | | ; | | | | |
| Subtotal Subtotal | \$ | 679,32 | | | | | | |
| Total Disbursements | \$ | 58.00 | | * | | | | |
| CASH BALANCE END OF REPORT | \$ | 621,32 | | | | | | |
| INCURRED OBLIGATIONS | | | | | | | | |
| (Balance at the Close of This Period-3A) | | 0,00 | 1 | | | | | |
| LOANS (Balanco at the Close of This Period-3B) | \$ | 0.00 | J | | | | | |
| I certify that I have examined this report and to the best of my knowledge and befiefft is tryg, correct and complete. | | | | | | | | |
| Type or Print Name of Candidate of Treasurer Sig | nahuge | of Can iday or Teasurer | \mathcal{L} | Date: | 111/17 | | | |
| PAUL E. SKIDMORE BIT | nail p | a. U. Skidmon | ලල් | Hospital Daytime | Phone: 608-335-1529 | | | |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 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.

6088260032

SCHEDULE 1-A

Complete Committee Name

RECEIPTS Contributions (Including Loans) From Individuals

| <u> </u> | r completing schedules are on the back of each sc Full Name, Melling Address and Zip Code | | | | |
|---|--|--|---|-------------|--|
| Instructions to | r completing schedules are on the back of each so Full Name, Mailing Address and Zip Code | nedule. Occupation (if year-to-date total exceeds \$200) | Amount of | F | Y-T-D |
| | Of Contributor | | Contributio | n | Total |
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| • | Check If: In-Kind Loan Conduit - Ethics ID# | · · · · · · · · · · · · · · · · · · · | | | |
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| | Check if: In-Kind Loan Conduit - Ethics ID# | | | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | | 0 | 0 |
| | SUBTUTAL | | \$ | 0 | ~ ~ |
| TOTAL ITEMIZED CONTRIBUTIONS | | | # | | 0 |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ | 0 | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | 0 | |

SCHEDULE 2-A

Complete Committee Name

DISBURSEMENTS Gross Expenditures

Page ___ of ___

| | Tompleting schedules are on the back of ea | | | | | | |
|---|---|--|------------------------------|-----------------|--------|-------------|--|
| Date | Full Name, Mailing Address and Zip Of Person or Business to Whom Paymen | Zip Code Specific Purpose of Expenditure | | | Amount | | |
| | <u>.</u> | L | -ABOR DAY A D UNION LABOR | -2017 L NEWS | | 4000 | |
| | Check if: [t] In-Kind Offset | | | | | | |
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| | | SUBTO | FAL ITEMIZEO EXPENDITUR | RES THIS PAGE | \$ | 4000 | |
| | | | TOTAL ITEMIZED & | EXPENDITURES | \$ | 1800 | |
| | Í | BANG SERVICE CH ARGES | | | \$ | 18 <u>-</u> | |
| | | | TOTAL E | EXPENDITURES | \$ | 0 | |