(	REC	EIVE							
ls this report an Amendment?									
COMMITTEE IDENTI	FICATION					MADIS	ON CITY CLI		
Name of Committee	ame of Committee Ledell Your Alder, Carol Weidel treasurer								
Address	1237 E Dayton St						OFFICE USE ONLY		
City, State, ZIP	Madison WI 53703						GAB # ID		
NAME OF REPORT Jan 2017 Continuing Pre-Primary July 20 Continuing Pre-election						ring Fall Specia ring Fall Specia			
SUMMARY OF RECE	PTS AND DISBURSEMENTS	T	Column A		Column B	Audited To	otals		
1. RECEIPTS		-	This Period		YTD	Office Use			
A. Contributions including Loans from Individuals		\$		\$	-				
B. Contributions from Committees (Transfers-In)		\$	-						
C. Other Income and Commercial Loans		\$							
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)		\$		\$	-				
2. DISBURSEMENTS			Sector Sector						
A. Gross Expenditures		\$	160.18						
B. Contributions to Committees (Transfers-Out)		\$	-						
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		\$	160.18	\$	-				
CASH SUMMARY									
Cash Balance at Begin	ning of Report	\$	4,692.83						
Total Receipts		\$							
Subtotal		\$	4,692.83						
Total Disbursements		\$	160.18						
CASH BALANCE AT END OF REPORT		\$	4,532.65						
INCURRED OBLIGATIONS (at close of period)		\$	and the second second						
		\$	-						
and the second	ed this report and to the best of my knowl	-			A COMPANY OF THE OWNER				
Type or Print Name of Candidate or Treasurer		C	ture of Candidate or T Apple and the formation of the for	zid	Date 20-Mar-17 Daytime Phone 608 469-5873				

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | web: https://cfis.wi.gov | email: GABCFIS@wi.gov

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Ledell Your Ald	Sheet and a state of the state
Ledell Your Alder, Carol Weidel treasurer	A STORE AND A STOR

	COMMENTS							
Gross Expenditures (NOT contributions to other committees)	AMOUNT	104.95	3.58	51.65				
	EXPENSE PURPOSE CODE	FFB	FFB	FFB				
	<u>st</u> zip	WI 53703 FFB	WI 53703 FFB	WI 53703 FFB	-			
	<u>сіту</u> <u>S</u>	Madison		Madison W				
	ADDRESS	912 E Johnson St	810 E Washington Ave   Madison	855 E Johnson St				
Gross Expenditures (N	<u>CAB ID</u>							
	FIRST NAME							
	LAST NAMEBUSINESS TE NAME	01/06/17 Pies	01/06/17 Festival Foods	01/06/17 Cork 'n Bottle				
SCHEDULE 2-A	PERSO NAL IN- LOAN KIND PYMT DATE	01/0	X10	01V				

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