Signature of Committee Treasurer of Condicate	I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.	Address $920-627-5773$ Daytime Phone	Name of Candidate or Committee (in full) 431 . ALCLIN St.	Midden 4 Madeson	ρς	ρ Spring ρ Fall ρ Special Pre-Election ρ C	$oldsymbol{eta}$ Spring $ ho$ Fall $ ho$ Special Pre-Primary $ ho$ C	Campaign Finance Report Short Form ETHCF-2a	
Date 1/9/17	ot receive contribution d by this report and equirements under So		804并		Continuing Report due 4th Tues Sept.,	ho Continuing Report due July 15,	ρ Continuing Report due Jan. 15, 2618	Ethics ID Number	
Email Address Carradden & G Mail. Con	ns or other income, make that the cash balance remains to 11.0103(3)(d), Stats.				ie 4 th Tues Sept.,	e July 15,	e Jan. 15, <u>2618</u>	ber	

JAN 1 2 2018

MADISON CITY CLERK

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