## CAMPAIGN FINANCE REPORT STATE OF WISCONSIN Is this report an Amendment? YES NO COMMITTEE IDENTIFICATION Communities and Schools Together (CAST) Name of Committee Address 5 Dumont Circle OFFICE USE ONLY City, State, ZIP Madison WI 53711 WSEB#ID Please check if address is different than previously reported NAME OF REPORT July 2017 continuing SUMMARY OF RECEIPTS AND DISBURSEMENTS Column A Audited Totals Column B 1. RECEIPTS This Period YTD Office Use Only 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) \$-1. DISBURSEMENTS A Gross Expenditures \$-B. Contributions to Committees (Transfers-Out) \$602.05 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$602.05 CASH SUMMARY Cash Balance at Beginning of Report \$602.05 Total Receipts Subtotal \$602.05 Total Disbursements \$602.05 CASH BALANCE AT END OF REPORT \$-NCURRED OBLIGATIONS (at close of period) LOANS (at close of period) I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. 6/30/2017 Type or Print Name of Candidate or Treasurer Signature of Candidate or Treasurer Jackie Woodruff Jachie Wooduff Day time Phone 608-669-8889

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, 11.62, Wisconsin Stats.



## Communities and Schools Together (CAST)

Contributions to Committees

	AMOUNT	\$602.05
)	ZIP	53716
	SI	≶
es		MADISON
Contributions to Committees	SEB# ADDRESS	1706 TARRAGON DRIVE
SCHEDULE 2-B	N-KIND DATE	1/27/2017 MAD-CITY GRUMPS

## SCHEDULE 4

## **TERMINATION REQUEST**

Complete Committee Name Communities and Schools Together (CAST)			ID Number	
	rminate its registration and reporting requirements in obligations, and the cash balance and obligations h			
Candidates may not to	erminate prior to the election in which they are partic	cipating.		
<ul> <li>Non-candidate comm calendar year.</li> </ul>	ittees registered with the state must pay the \$100 f	iling fee if they have o	ver \$2,500 in total expenses for the	
	and, if necessary, indicate how residual committee forgiven. Sign and date the termination request at the		posed of or if outstanding loans or	
<ul> <li>If you have any transa full finance report. (E'</li> </ul>	ections since your last report (other than final distribut THCF-2)	ntion of funds, or loan fo	rgiveness), be sure to complete the	
can be granted. All re	must be completed and all obligations with the Boaccords must be maintained until 3 years after the day (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4)	te of an election in which	ch the registrant participates, even if	
DISPOSAL OF RESIDU				
THIS INFORMATION SI  Date	IOULD ALSO BE INCLUDED ON SCHEDULE 2-A Recipient	AND/OR 2-B.	Amount	
01-27-2017	MAD-CITY GRUMPS 1706 TARRAGON DRIVE MADISON WI 53716		\$602.05	
LOAN OR DEBT FORG	IV.EVIESS			
l hereby forgive all perso.	nal loans or have assumed responsibility for any ana			
Date	No loans or debts to forgive	itor	Amount	
the last calenda	andidate committee registered with the state and the ar year. I have paid the \$100 filing fee.	committee made over \$.	2,500 in disbursements in	
I do not owe th	e \$100 filing fee.			
Signature of Candidate or Treasurer			06-30-2017	
Signature of Candidate of	Treasurer	Date		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.