CAMPAIC LOCAL COM				IN		
Is This Report an Amendment:  Yes	Ŭ No	)			DE	GELVE
Instructions for completing schedules are on the ba	ack of eac	h schedule.			n	JAN 17 2017
COMMITTEE IDENTIFICATION					LUL	
Name of Committee  Ed Hughes for School Boar	d				MAI	DISON CITY CLERK
2225 Eskeland Ave.					OI	FFICE USE ONLY
City, State and Zip Code Madison, WI 53704						
Please check if address is different than previously reported,	and complete	e the Campai	gn Registr	ation State	ement in the	back of this form.
NAME OF REPORT						
January Continuing Pre-Primary  July Continuing  September Continuing Pre-Election		Spring	☐ Fall		Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A This Period		Colur Cale		
1. RECEIPTS		ims i circa		Year-T		
1A. Contributions (Including Loans) from Individuals	\$ /	00.00	\$	100.	•>	
1B. Contributions from Committees (Transfers-In)	\$	6	\$	C	)	
1C. Other Income and Commercial Loans	\$	0	\$	0	>	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	60.00	\$	100.	60	
2. DISBURSEMENTS						1
2A. Gross Expenditures	\$	6	\$	0		
2B. Contributions to Committees (Transfers-Out)	\$	0	\$	0		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	0	\$	0		
CASH SUMMARY						
Cash Balance Beginning of Report	\$	0				
Total Receipts	\$	100.00				
Subtotal	\$	100.00				
Total Disbursements	\$	0				
CASH BALANCE END OF REPORT	\$	100.00				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	6			-	
LOANS (Balance at the Close of This Period-3B)	\$	0				
I certify that I have examined this report and to the best o				ue, correc		ete.
Type or Print Name of Candidate or Treasurer  Ed Hughes	Signature of Ca	andidate or Trea	surer		Date:	15/17
Lo rivavies	Email ed4	50406/52	01700	mzil. con	M Douting I	Phone: 608 - 216 - 6610

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.

SCHEDULE 1-A

#### Contributions (Including Loans) From Individuals

Page	of	
9-		-

Complete Committee Name

Date Date	r completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code Of Contributor	Cocupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/8/16			\$ 100.00	\$ 100.00
	Mzdison, W1 53704			
	Check if: In-Kind ILoan Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Oncokii. Gin kina Georgeonian. Euros 10#			
		*		
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
		•		
	Check if: In-Kind Loan Conduit – Ethics ID#			
*	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$	
		UTIONS RECEIVED FROM INDIVIDUALS	\$	



# RECEIPTS Contributions from Committees (Transfers-In)

Page	of	
, ago	0;	

Complete Committee Name		

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if:	
	Check if: ☐ In-Kind ☐ Loan	
<u> </u>	CHOCKII. EL III III EL EGII	
	Check if: ☐ In-Kind ☐ Loan	
	Check if:	
	Check if:	
	Check if: ☐ In-Kind ☐ Loan	
	ONE ON THE PARTY OF THE PARTY O	
	Check if:	
	Check if:	
	Check if:	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$



#### RECEIPTS Other Income and Commercial Loans

Page	of	
raye	 ŲΙ	

Complete Committee Name			
	Address	92	
Instructions 1	or completing schedules are on the back of each sche	Type of Income	Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of income	, anoun
*****			
		SUBTOTAL OTHER INCOME THIS PA	GE \$
		TOTAL ITEMIZED OTHER INCO	ME \$
		TOTAL OTHER INCO	ME \$
		. J.AL J.II.L. III.	··- <u> </u>



#### DISBURSEMENTS Gross Expenditures

Page	o	f

Gross Expenditures				
Complete Commi	ittee Name			
Instructions for	completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	
	Check if: 🔲 In-Kind Offset			
	Check if: 🔲 In-Kind Offset			
	Check if:  In-Kind Offset			
	Check if:			
	Check if:			
	Check if:			
	Check if: ☐ In-Kind Offset			
	Check if: ☐ In-Kind Offset			
	SUE	STOTAL ITEMIZED EXPENDITURES THIS PAGE	\$	
		TOTAL ITEMIZED EXPENDITURES	\$	
		TOTAL UNITEMIZED EXPENDITURES		

TOTAL EXPENDITURES | \$



## DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of
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Complete Committee Name		
Instructions for completing schedules are on the back of each schedule.		
Date Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
Check if:		
Check if: ☐ In-Kind ☐ Loan		
Orieckii. [g] ar-turu [g] Loan		
Check if: □ In-Kind □ Loan		
Check if: ☐ In-Kind ☐ Loan		
Check if:		
Check if:		
		1
Check if:	en out	
Check if: 📵 In-Kind 📵 Loan		
Check if:		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	



### Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page	of	
1 ago		

Complete C	ommittee Name					
Instruction	s for completing schedules are on the back of each	n schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period		lative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor			ļ		
1 1						
		Nature of Debt (Purpose)		<u></u>		
			·			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)	<u></u>			<u></u>
		Hataro or Bobt (1 diposo)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)	<u> </u>		1.1	I
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Notice of Dahl (Dames)				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					Γ
1 1	,					
		Nature of Debt (Purpose)		<u> </u>		<u>L</u>
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE		PAGE	\$	
		TOTAL ITEMIZED OBLIGATIONS		\$		
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS				
		TOTAL UNITEMIZED (	JELIGA HONS \$20 OR	LESS	\$	
TOTAL INCURRED OBLIGATIONS			\$			



Complete Committee Name

#### Individual, Committee or Commercial ADDITIONAL DISCLOSURE

age c	ot
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TOTAL OUTSTANDING LOANS \$

Instructions fo	r completing schedules are on the back of each s	chedule.					
	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
Date / /							
List All Endorse	rs or Guarantors (if any)						
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guarantee	ed Outstanding	, , , , , , , , , , , , , , , , , , , ,			
Date	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
1 1							
List All Endorse	rs or Guarantors (if any)						
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guaranteed Outstanding \$					
Date	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
/ /							
	s or Guarantors (if any)						
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation					
		Amount Guaranteed Outstanding \$					
	•		SUBTOTAL O	UTSTANDING LOA	NS THIS PAGE	\$	