				101210
CAMPAIGN LOCAL COMM	后国	GET 2017		
Is This Report an Amendment:		JAN 17 2017 ADISON CITY CLERK		
Instructions for completing schedules are on the bac	k of each schedule.		MA	CITY CLERK
COMMITTEE IDENTIFICATION			MA	DISONO
Street Address 827 Dane 87. #1		FICE USE ONLY		
11.00000	53713			
Please check if address is different than previously reported, and	d complete the Campaign Reg	gistration State	ment in the b	oack of this form.
NAME OF REPORT				
January Continuing 6 Pre-Primary	Spring 1	Fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler	ndar	9
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 550	\$ 55	0	
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0		
1C. Other Income and Commercial Loans	\$ 0	\$ 0		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 550	\$ 55	50	5
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 0	s C		
2B. Contributions to Committees (Transfers-Out)	s O	\$ 2)	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 0		
CASH SUMMARY	2	e P* *		
Cash Balance Beginning of Report	\$ 0			
Total Receipts	\$ 550			
Subtotal	\$ 550		67	
Total Disbursements	\$ 0			
CASH BALANCE END OF REPORT	\$ 550			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	1445 E		
LOANS (Balance at the Close of This Period-3B)	\$ 0	9		
I certify that I have examined this report and to the best of n	ny knowledge and belief it i	s true, correct	t and comple	efe.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Signature of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: | | 1 | 1 | 1 |

Email | Anethanson agmail. Cam

Daytime Phone: 608-334-962

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

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name
(OMMUNITY and Ali Muldaw

	Million had been as the healt of each as	nodula .		
Date Date	r completing schedules are on the back of each scl Full Name, Mailing Address and Zip Code Of Contributor	Cocupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
l	Carousel Bayed 4901 Sharward Rd Madison, WI 53711 Check if: [In-Kind [Iloan] Conduit-Ethics ID#	Courty Board Supervisor, Pore Conn MBand	\$500	\$500
12/22	Elizabeth Creech 2203 Word orient # Mad Son, WE 53713 Check if: [In-Kind []Loan Conduit - Ethics ID#	-16	\$25	\$ 25
12/21	Lane Hanson Gog Eagle Heypts & Madison, WI 5376. Check if: [In-Kind [Loan] Conduit - Ethics ID#)	\$ 25	825
	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	\$ 550	
		\$ 550		
	TOTAL ANON	\$ 0		
	TOTAL CONTRIB	\$ 550		

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page $\frac{1}{2}$ of $\frac{1}{2}$

Complete Committee Name	und	Ali	M	W	dow
				`	

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: ☐ In-Kind ☐ Loan	
	Orlown. 15 15	
	Check if: ☐ In-Kind ☐ Loan	
	Check II: [L] In-Kind [L] Loan	
	Check if:	
		V-central control of the control of
	Check if: ☐ In-Kind ☐ Loan	
	Check if:	
	Check if:	
	Check if: ☐ In-Kind ☐ Loan	7244
	Check if: ☐ In-Kind ☐ Loan	
	Check if: 🔲 In-Kind 🗔 Loan	
		\wedge
	SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	\$ 0
	TOTAL CONTRIBUTIONS (Transfore In) DECEMEN EDOM COMMITTEES	

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page $\frac{3}{2}$ of $\frac{7}{2}$

Complete Committee Name (Community and Ali Muldon)							
Instructions :	or completing schedules are on the back of each sche Full Name, Mailing Address and Zip Code of Source of Income	dule. Type of Income	Amount	****			
	of Source of Income		1				
		A STATE OF THE STA					
		CURTOTAL OTUER INCOME THE DACE	s 0				
		SUBTOTAL OTHER INCOME THIS PAGE					
		TOTAL ITEMIZED OTHER INCOME	s 6				
			λ				
		TOTAL OTHER INCOME	()				



DISBURSEMENTS Gross Expenditures

Page 4 of 7

Complete Committee Name Connunity and Air Mudow 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
Date Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure	Amount
Of 1 dison of Dustries to Whom I aymore is Made	
Check if:	
Check if:	
Check if: 🔲 In-Kind Offset	
Check if:	
Check if: 🔲 In-Kind Offset	
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	s 0
TOTAL ITEMIZED EXPENDITURES	\$ O
TOTAL UNITEMIZED EXPENDITURES	s O
	s D

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Comm	munity and Ali Muldow		
	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
		1	
	Check if: In-Kind Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Oneokii. [g in kina [g zour		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	·		
		:	
	Check if: 🔲 In-Kind 🔟 Loan		
	Check if: 📋 In-Kind 🔟 Loan		· · · · · · · · · · · · · · · · · · ·
	Check if: 🔲 In-Kind 🔟 Loan		
	Check if: 🔲 In-Kind 🔟 Loan		
	Check if: In-Kind Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	s ()	

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page O of

Complete C	nmunity and M	li Muldon	\downarrow			
Instructions	s for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumul T	ative Payments his Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor	10-24-20-20-20-20-20-20-20-20-20-20-20-20-20-				
1 1						
		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					
1 1						
		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					
1 1						
		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					***************************************
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZED	OBLIGATIONS THIS I	PAGE	s 0	
		тоти	AL ITEMIZED OBLIGAT	rions	s 6	
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS	\$ O	
		TOTAL	L INCURRED OBLIGAT	rions	s O	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page of

Complete Co	mmittee Name Mmunity and A	1. Mulds	200			
Date / /	for completing schedules are on the back of Full Name, Mailing Address and Zip Code of Lo	each schedule. oan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endor	sers or Guarantors (if any)					1
Full Name, M of Guarantor	ailing Address and Zip Code	Occupation Amount Guarant	eed Outstanding			
Full Name, Mand of Guarantor	ailing Address and Zip Code	Occupation Amount Guarante	eed Outstanding			
Date	Full Name, Mailing Address and Zip Code of Los	an Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endors	ers or Guarantors (if any)					
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation Amount Guarante	eed Outstanding			
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation Amount Guarante	ed Outstanding			
Date / /	Full Name, Mailing Address and Zip Code of Loa	n Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorse	l ers or Guarantors (if any)					
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation Amount Guarantee	ed Outstanding			
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation Amount Guarantee	d Outstanding			
		1	SUBTOTAL OU	ITSTANDING LOAN	IS THIS PAGE	s D
				TOTAL OUTSTAN	IDING LOANS	, ()