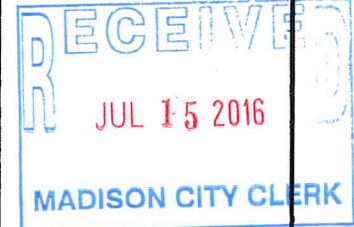


**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES NO X



**COMMITTEE IDENTIFICATION**

Name of Committee Friends of Denise DeMarb  
 Address 6010 Fredericksburg Lane  
 City, State, ZIP Madison, WI 53718

OFFICE USE ONLY

Please check if address is different than previously reported \_\_\_\_\_

**NAME OF REPORT** Jan 20\_\_ Continuing Pre-Primary 20\_\_ Spring Fall Special  
 July 2016 Continuing Pre-election 20\_\_ Spring Fall Special  
 September 20\_\_ Continuing

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

| 1. RECEIPTS  | Column A<br>This Period | Column B<br>YTD | Audited Totals<br>Office Use Only |  |
|--|-------------------------|-----------------|-----------------------------------|--|
| A. Contributions including Loans from Individuals      | \$ -                    | \$ -            |                                   |  |
| B. Contributions from Committees (Transfers-In)        | \$ -                    | \$ -            |                                   |  |
| C. Other Income and Commercial Loans                   | \$ -                    | \$ -            |                                   |  |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C) | \$ -                    | \$ -            |                                   |  |

**2. DISBURSEMENTS**

|  |      |      |  |  |
|--|------|------|--|--|
| A. Gross Expenditures                                  |      | \$ - |  |  |
| B. Contributions to Committees (Transfers-Out)         | \$ - |      |  |  |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ - | \$ - |  |  |

**CASH SUMMARY**

|  |             |  |  |
|--|-------------|--|--|
| Cash Balance at Beginning of Report              | \$ 3,336.90 |  |  |
| Total Receipts                                   | \$ -        |  |  |
| Subtotal   | \$ 3,336.90 |  |  |
| Total Disbursements                              | \$ -        |  |  |
| <b>CASH BALANCE AT END OF REPORT</b>             | \$ 3,336.90 |  |  |
| <b>INCURRED OBLIGATIONS</b> (at close of period) | \$ -        |  |  |
| <b>LOANS</b> (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.*

|  |   |                            |
|--|---|----------------------------|
| Type or Print Name of Candidate or Treasurer | Signature of Candidate or Treasurer       | Date                       |
| Joan H. Dickrell                             | Joan H. Dickrell<br>jdickrell@charter.net | 7/15/2016                  |
|  |   | Daytime Phone 608-345-6708 |

**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.

Print the completed report and file with your local clerk or election commission by the filing deadline.  
 ETHCF-2LE (01/16)