C WI							
COMMITTEE IDENTIF	1						
Name of Committee							
Address	13 Cavendish Ct						
City, State, ZIP	Madison, WI 53714					OFFICE USE	ONLY
Please check if address is	different than previously reported	_					
NAME OF REPORT	Pre-Election Spring 2016						
	IPTS AND DISBURSEMENTS	4	Column A		Column B	Audited Tota	
1. RECEIPTS		]	This Period		YTD	Office Use C	nly
A. Contributions include	ling Loans from Individuals	\$	150.00	\$	150.00		
B. Contributions from (	Committees (Transfers-In)	\$	-	\$	-		
C. Other Income and (		\$	-	\$	-		
,	dd totals from 1A, 1B, and 1C)	\$	150.00	\$	150.00		
2. DISBURSEMENTS							
A. Gross Expenditures	;	\$	77.57	\$	77.57		
	mmittees (Transfers-Out)	\$	1,600.00	\$	1,600.00		
TOTAL DISBURSEME	ENTS (Add totals from 2A and 2B)	\$	1,677.57	\$	1,677.57		
CASH SUMMARY							
Cash Balance at Begir	nning of Report	\$	3,753.76				
Total Receipts		\$	150.00				
Subtotal		\$	3,903.76				
Total Disbursements		\$	1,677.57				
CASH BALANCE AT I	END OF REPORT	\$	2,226.19				
INCURRED OBLIGAT	TIONS (at close of period)	\$	-				
LOANS (at close of pe	riod)	\$	-				
I certify that I have examin	ned this report and to the best of my knowl	ledge (	and belief it is tru	e, co	errect and complet	te.	
Type or Print Name of Candidate	e or Treasurer	Signa	ture of Candidate or	Treas	Date		
		Email				Daytime Phone	

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, 11.61, Wisconsin Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline. GAB-2L (04/14)

## SCHEDULE 1-A Contributions Including Loans from Individuals

CON DUIT	DATE	<u>LAST</u>	<u>FIRST</u>	ADDRESS	<u>CITY</u>	<u>ST</u>	ZIP	OCCUPATION	EMPLOYER NAME	EMPLOYER ADDRESS	_AN	MOUNT		YTD
	01/23/16	Currans-Henry	Rachel	10 Oxwood Cir	Madison	WI	53717				\$	50.00	\$	50.00
	02/01/16	Stockhausen	Benjamin	333 Southampton Dr	Geneva	IL	60134				\$	100.00	\$	100.00
													<u> </u>	
													<b></b>	

# SCHEDULE 2-A Gross Expenditures

<b>IN-KIND</b>	DATE	<u>NAME</u>	ADDRESS	CITY	ST	ZIP	<u>PURPOSE</u>	<b>AMOUNT</b>
		Restaurant Muramoto	225 King St	Madison	WI	53703	Meeting Expenses	\$ 25.10
		US Bank	PO Box 1800	St Paul	MN	55101	Bank Charge	\$ 0.50
		ActBlue Technical Services	366 Summer St	Somerville	MA	02144	ActBlue fees	\$ 1.97
	02/07/16	Amanda Cone	31 Harvard St	Dedham	MA	02026	IO repayment	\$ 50.00

### SCHEDULE 2-B

### **Contributions to Committees**

<u>IN-KIND</u>	<u>DATE</u>	<u>NAME</u>	GAB#	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<b>AMOUNT</b>	YTD
		Friends of Mary Kolar	LOCAL	333 W Mifflin St #9020	Madison	WI		\$ 500.00	\$ 500.00
		Ritt for Dane County		445 N Lake St #207	Madison	WI	53703	\$ 500.00	\$ 500.00
		Nikki for Dane		4190 Observatory Rd	Cross Plains	WI	53528	\$ 500.00	\$ 500.00
		Richard Kilmer for Dane	LOCAL	621 Emerson St	Madison	WI	53715	\$ 50.00	\$ 50.00
	2/26/2016	Friends of Danielle Williams	LOCAL	PO Box 135	Cottage Grove	WI	53527	\$ 50.00	\$ 50.00

# SCHEDULE 3-A Incurred Obligations Excluding Loans

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
12/21/15	Amanda Cone	31 Harvard St	Dedham	MA	02026	Duplicate contribution receipted in error	\$50.00	\$0.00	\$50.00	
										\$ - \$ -
										\$ - \$ -
										\$ - \$ -
										\$ - \$ -
										\$ - \$ -
										\$ - \$ -