CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION		
Name of Committee	**Committee to Elect Bob Salov**	
Address	**N3310 Asje Road**	OFFICE USE ONLY
City, State, ZIP	**Cambridge, WI 53523**	**WSEB # ID**

Please check if address is different than previously reported ____

NAME OF REPORT **Spring Pre-Election 2016**

Spring Fall Special
Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	**Column A**	**Column B**	**Audited Totals**	
1. RECEIPTS	**This Period**	**YTD**	**Office Use Only**	
A. Contributions including Loans from Individuals	$ 425.00			
B. Contributions from Committees (Transfers-In)	$ -			
C. Other Income and Commercial Loans	$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ 425.00	$ -		
1. DISBURSEMENTS				
A. Gross Expenditures	$ 458.00			
B. Contributions to Committees (Transfers-Out)	$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 458.00	$ -		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 1,759.87	$ -		
Total Receipts	$ 425.00			
Subtotal	$ 2,184.87			
Total Disbursements	$ 458.00			
CASH BALANCE AT END OF REPORT	$ 1,726.87			
INCURRED 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.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date
		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, 11.62, Wisconsin Stats.

IN-KIND	CONDUIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	EMPLOYER NAME	EMPLOYER ADDRESS	AMOUNT	YTD
		01/02/16	Schuster	Theresa	1326 US Hwy 12&18	Deerfield	WI	53531	farmer	self		100.00	100.00
		01/02/16	Redford	Frederick	2062 Hillside Rd	Cambridge	WI	53523	Retired			25.00	25.00
		01/01/16	McAdow	Jerry	5518 Dorsett Dr	Madison	WI	53711	Attorney	Boardman & Clark		50.00	50.00
		01/13/16	Coulter	George	412 Lawn Street	Cambridge	WI	53523	Retired			100.00	100.00
		01/16/16	Johnson	Craig	W9100 Ripley Rd	Cambridge	WI	53523	Lawyer	Simonini & Johnson		25.00	25.00
		01/14/16	Schael	Michael	2297 Clearview Rd	Cambridge	WI	53523	Potter	Rock Eagle Pottery (self)	same	25.00	25.00
		01/25/16	Tierney	Joanne	3564 Egre Rd	DeForest	WI	53532	Farmer/Developer	Self	same	100.00	100.00
												$ 425.00	

Committee to Elect Bob Salov

SCHEDULE 1-B

Contributions from Committees

IN-KIND	DATE	COMMITTEE NAME	SEB #	ADDRESS	CITY	ST	ZIP	AMOUNT	YTD

Committee to Elect Bob Salov

SCHEDULE 1-C

Other Income and Commercial Loans

DATE	NAME	ADDRESS	CITY	ST	ZIP	REASON FOR INCOME	AMOUNT

Committee to Elect Bob Salov

SCHEDULE 2-A

Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
	01/19/16	Camrock Café	217 W Main /street	Cambridge	WI	53523	Campaign Kick-off Event	$ 95.00
	01/29/16	Hometown News	PO Box 8	Cambridge	WI	53523	Subscription to Cambridge News	$ 65.00
	02/29/16	Courier	135 W Main Street	Stoughton	WI	53589	Stoughton Newspaper Subscription	$ 69.00
								$ 229.00

Committee to Elect Bob Salov

SCHEDULE 2-B

Contributions to Committees

IN-KIND	DATE	NAME	SEB #	ADDRESS	CITY	ST	ZIP	AMOUNT	YTD

Committee to Elect Bob Salov

SCHEDULE 3-A

Incurred Obligations Excluding Loans

DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -

Committee to Elect Bob Salov

SCHEDULE 3-B

Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	
								$ -	

Committee to Elect Bob Salov

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received

DATE	NAME	ADDRESS	CITY	ST	ZIP	Occupation, name, address of employer	Individ or Comm	Description of Contribution	Estimated Amount	Estimated YTD

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given

DATE	NAME	ADDRESS	CITY	ST	ZIP	Description of Contribution	SEB #	Estimated Amount	Estimated YTD	

SCHEDULE 3-E

Contributions Returned to Contributor

DATE OF ORIGINAL CONTRIB	NAME	ADDRESS	CITY	ST	ZIP	Amount Returned				

SCHEDULE 3-F

Contributions Donated to Charity or Common School Fund

DATE	NAME	ADDRESS	CITY	ST	ZIP	Reason	Amount			