

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name _____

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

Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$
TOTAL ITEMIZED OTHER INCOME			\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$
TOTAL OTHER INCOME			\$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee 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 Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$

TOTAL ITEMIZED OBLIGATIONS

\$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

TOTAL INCURRED OBLIGATIONS

\$

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND OR 2-B.*

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

 Signature of Candidate or Treasurer

 Date

Campaign Finance Report

Short Form GAB-2a
Government Accountability Board

GAB ID Number

Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 31, _____

Spring Fall Special Pre-Election _____ Continuing Report due July 20, _____

Name of Candidate or Committee (in full)

Address (number and street)

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
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