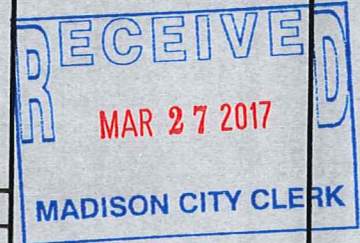


**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**



Is this report an Amendment? **NO**

**COMMITTEE IDENTIFICATION**

Name of Committee Ledell Your Alder, Carol Weidel treasurer  
 Address 1237 E Dayton St  
 City, State, ZIP Madison WI 53703

OFFICE USE ONLY  
 GAB # ID

**NAME OF REPORT** Jan 2017 Continuing Pre-Primary 20\_\_ Spring Fall Special  
 July 20\_\_ Continuing Pre-election 2017 Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals 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	\$ 160.18			
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 160.18	\$ -		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 4,692.83			
Total Receipts	\$ -			
Subtotal	\$ 4,692.83			
Total Disbursements	\$ 160.18			
<b>CASH BALANCE AT END OF REPORT</b>	\$ 4,532.65			
<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
Carol Weidel, Treasurer	<i>Carol Weidel</i> carol.weidel@gmail.com	20-Mar-17
		Daytime Phone 608 469-5873

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.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
 Phone: 608-261-2028 | Fax: 608-264-9319 | web: <https://cfis.wi.gov> | email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Ledell Your Alder, Carol Weidej treasurer

Gross Expenditures (NOT contributions to other committees)

SCHEDULE 2-A

IN- KIND	PERSO NAL LOAN PYMT	DATE	LAST NAME/BUSINESS	FIRST NAME	GAB ID	ADDRESS	CITY	ST	ZIP	EXPENSE PURPOSE CODE	AMOUNT	COMMENTS
		01/06/17	Salvatore's Tomato Pies			912 E Johnson St	Madison	WI	53703	FFB	104.95	
		01/06/17	Festival Foods			810 E Washington Ave	Madison	WI	53703	FFB	3.58	
		01/06/17	Cork n Bottle			855 E Johnson St	Madison	WI	53703	FFB	51.65	