

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	Fall Pre-Primary 2012 Covers all activity from 07/01/2012 through 07/30/2012	OFFICE USE ONLY GAB ID: 0105372
Name of Committee/Corporation:	Amanda Hall for State Assembly	
Street Address:	707 S. Dickinson Street	
City, State and Zip:	Madison, WI 53703	

<i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i>	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$20.00	\$1,850.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$20.00	\$1,850.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$177.22	\$561.16
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$177.22	\$561.16

CASH SUMMARY

Cash Balance Beginning of Report *	\$1,446.06	
Total Receipts	\$20.00	
Subtotal	\$1,466.06	
Total Disbursements	\$177.22	
CASH BALANCE END OF REPORT *	\$1,288.84	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

**Cash Balance as reported by committee*

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: Sundquist, Eric	Signature of Candidate or Treasurer	Date: Daytime Phone:
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS
Contributions From Individuals**

Complete Committee Name: Amanda Hall for State Assembly

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Monetary							
07/15/2012	Sundquist, Eric	2215 Keyes Ave, Madison, WI 53711	RESEARCH	University of Wisconsin	1180 Observatory Drive, Madison, WI 53706	\$20.00	\$20.00
Sub Total						\$20.00	
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$20.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$20.00	

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)****Complete Committee Name:** Amanda Hall for State Assembly

Date	Full Name	Address	Amount	YTD
Grand Total			\$0.00	
Non-Monetary (-):			\$0.00	
Total			\$0.00	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Amanda Hall for State Assembly

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name: Amanda Hall for State Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Monetary						
07/11/2012	Wells Print and Digital	3121 Watford Way, Madison, WI 53713			Printing - Brochures	\$102.63
07/15/2012	ActBlue	14 Arrow St, Cambridge, MA 02138			ActBlue Fees	\$0.79
07/16/2012	Kwik Trip	4701 Farwell Street, McFarland, WI 53558			Candidate Expenses - Gas	\$33.26
07/16/2012	Culver's	2102 West Beltline Highway, Madison, WI 53713			Candidate Expenses - Meals	\$19.17
07/17/2012	Culver's	2102 West Beltline Highway, Madison, WI 53713			Candidate Expenses - Meals	\$21.37
Sub Total						\$177.22
Grand Total						\$177.22
Non-Monetary (-):						\$0.00
Total						\$177.22

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)****Complete Committee Name:** Amanda Hall for State Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans**Complete Committee Name:** Amanda Hall for State Assembly**Incurred Obligation Outstanding Amount:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial**Complete Committee Name:** Amanda Hall for State Assembly**Loans Outstanding Amount:** \$0.00

Date	Lender Name	Address	Loan Amount	Loan Payment + Forgiven Amount	Outstanding Amount
Grand Total					\$0.00