

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes             No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

*Evers For Assembly*

Street Address

*909 Silver Dr*

City, State and Zip Code

*Holmen, WI 54636*

GAB ID Number: *0105241*

*FILED  
CAMPS 1/17  
COURTESY BOARD  
OFFICE USE ONLY*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.   

**REPORT PERIOD**

January Continuing     Pre-Primary     Spring     Fall     Special     Termination Report  
 July Continuing     Pre-Election    *also complete Schedule 4*

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 1050.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ -
1C. Other Income and Commercial Loans	\$ 0	\$ .13
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 1050.13
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 425.00	\$ 434.00
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 425.00	\$ 434.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1041.13
Total Receipts	\$ 0
Subtotal	\$ 1041.13
Total Disbursements	\$ 425.00
<b>CASH BALANCE END OF REPORT</b>	\$ 616.13
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

*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 <i>LYNDA M. EVERS</i>	Signature of Candidate or Treasurer <i>Lynnda M. Evers</i>	Date: <i>8/1/12</i>
		Daytime Phone: <i>608-526-4647</i>

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to file ss.11.60, 11.61, Wis. Stats. Form prescribed by the Government Accountant 608-266-8005.



0105241-105

**Contributions (Including Loans) From Individuals**

Complete Committee Name

*Evers For Assembly*

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

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$	0	1550.13
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$	0	1550.13
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$	0	0
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$	0	1550.13

Complete Committee Name  
Eves For Assembly

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/23/12	JAC Consulting Structure Financial Group 6944 Nolensville Rd Brentwood, TN Check if: <input checked="" type="checkbox"/> In-Kind Offset	Auto calls	425.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			\$ 425.00
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$ 425.00
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			\$ 0
<b>TOTAL EXPENDITURES</b>			\$ 425.00