

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

RECEIVED

JAN 29 2020

DANE COUNTY CLERK

OFFICE USE ONLY

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Gallagher

Street Address

City, State and Zip Code
Madison, WI 53711

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

NAME OF REPORT

January Continuing 2020 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____ Termination Report
also complete Schedule 4

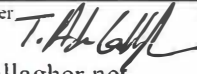
SUMMARY OF RECEIPTS AND DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$ 6,107.00 | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 6,107.00 | \$ |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 425.42 | \$ |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ |

CASH SUMMARY

| | |
|---|-------------|
| Cash Balance Beginning of Report | \$ 1,564.40 |
| Total Receipts | \$ 6,107.00 |
| Subtotal | \$ 7,671.40 |
| Total Disbursements | \$ 425.42 |
| CASH BALANCE END OF REPORT | \$ 7,245.98 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ 2,407.00 |

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 T. Adam Gallagher | Signature of Candidate or Treasurer  | Date: January 29, 2020 |
| | Email: friends@adamgallagher.net | Daytime Phone: 608.266.4151 |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|----------|---|--|------------------------|-------------|
| 11.05.19 | Adam Gallagher Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | treasurer | \$1,500.00 | \$1,500.00 |
| 11.20.19 | Tracey Hoglund Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | Evan Goyke Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.20.19 | Gretchen Lowe Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$50.00 | \$50.00 |
| 11.20.19 | Gary Goyke Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | lobbyist | \$200.00 | \$200.00 |
| 11.20.19 | Wayne Corey Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | Kevin Pomeroy Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$50.00 | \$50.00 |

| | |
|--|-------------|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | \$ 1,970.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | \$ |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | \$ |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ |

Complete Committee Name
 Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|----------|---|--|---------------------------|----------------|
| 11.20.19 | Joe Parisi Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.20.19 | Jean Tretow-Schmitz Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | John Marszal Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$50.00 | \$50.00 |
| 11.20.19 | Thom Weiss Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.20.19 | Marilyn Townsend Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | Laura Gallagher Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$50.00 | \$50.00 |
| 11.20.19 | Kay Lund Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$60.00 | \$60.00 |

| | |
|--|-----------|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | \$ 430.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | \$ |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | \$ |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ |

Complete Committee Name
 Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|--|---|--|---------------------------|----------------|
| 11.20.19 | Anne Yerby Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.20.19 | John Roberts Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$65.00 | \$65.00 |
| 11.20.19 | Emily Kuhn Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | alder | \$250.00 | \$250.00 |
| 11.20.19 | Mary Jo Janisin Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$50.00 | \$50.00 |
| 11.20.19 | Jim Spaulding Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | Tim Kiefer Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.20.19 | Forbes McIntosh Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 635.00 | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | |

Complete Committee Name
Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|----------|---|--|---------------------------|----------------|
| 11.20.19 | Marla Frank Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.21.19 | Anthony Gray Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.21.19 | Peter Gallagher Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | retired | \$2,000.00 | \$2,000.00 |
| 11.25.19 | Daniel Dixon Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.25.19 | Sonia Haeckel Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$25.00 | \$25.00 |
| 11.25.19 | Jim Gallagher Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$25.00 | \$25.00 |
| 11.25.19 | Judy Kelly Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |

| | |
|--|-------------|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | \$ 2,320.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | \$ |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | \$ |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ |

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
 Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|--|---|--|------------------------|-------------|
| 11.25.19 | Tim Roehl Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.30.19 | Joe Owen Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 11.30.19 | Joel Gallagher Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 11.30.19 | Yogesh Chawala Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$40.00 | \$40.00 |
| 12.18.19 | Shawn Pfaff Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 12.19.19 | Dianne Hesselbein Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 12.19.19 | Julie Miloszewicz Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 575.00 | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | |

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
 Friends of Gallagher

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|--|---|--|---------------------------|----------------|
| 12.21.19 | Donna Serio Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$100.00 | \$100.00 |
| 12.21.19 | Judy Washbush Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| 12.26.19 | Adam Gallagher Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | treasurer | \$7.00 | \$1,507.00 |
| 12.31.19 | Maureen Hillard Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | \$35.00 | \$35.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$177.00 | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | |

Complete Committee Name: Friends of Gallagher

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 | Specific Purpose of Expenditure | Amount |
|----------|--|---------------------------------|--------|
| 11.05.19 | Wells Printing 3121 Watford Way Madison, WI 53713 Check if: <input type="checkbox"/> In-Kind Offset | printing services | 190.36 |
| 11.20.19 | Act Blue, https://secure.actblue.com Check if: <input type="checkbox"/> In-Kind Offset | processing costs | 9.29 |
| 11.25.19 | Genna's Lounge 105 W Main Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset | room rental | 50.00 |
| 11.25.19 | Act Blue, https://secure.actblue.com Check if: <input type="checkbox"/> In-Kind Offset | processing costs | 2.38 |
| 11.30.19 | Act Blue, https://secure.actblue.com Check if: <input type="checkbox"/> In-Kind Offset | processing costs | 6.92 |
| 12.11.19 | Jim Smith 4324 Melody Ln #105 Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset | campaign services | 166.47 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 425.42

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$

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

Complete Committee Name
Friends of Gallagher

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

| | | | | | |
|-----------------|--|--|-----------------------|---------------------------------|--|
| | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
| Date | Adam Gallagher 4417 Boulder Ter Madison, WI 53711 | | | | |
| 11/05/19 | | \$ 900.00 | \$ 1,500.00 | | \$ 2,400.00 |

List All Endorsers or Guarantors (if any)

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

| | | | | | |
|-----------------|--|--|-----------------------|---------------------------------|--|
| | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
| Date | Adam Gallagher 4417 Boulder Ter Madison, WI 53711 | | | | |
| 12/26/19 | | \$ 2,400.00 | \$ 7.00 | | \$ 2,407.00 |

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

| | |
|---|-----------|
| SUBTOTAL OUTSTANDING LOANS THIS PAGE | \$ |
| TOTAL OUTSTANDING LOANS | \$ |