## 4031162907

**FEC** FORM 3X

1.

FE6AN026

### REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED 2014 JAN 27 AM 11: 44

NAME OF		
COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

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ADDRESS (number and street)	91951 141516	HIBIVIAIYI I	LIIRICILIEI I	11111	
Check if different than previously reported. (ACC)	PILIAITITIESV	<u> </u>		)ı <b>z</b>    51.318	118 - 3.7.7.4
2. FEC IDENTIFICATION N	JMBER ▼	CITY A	STA	ATE 🛦	ZIP CODE A
C005314	9.1	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Compared on the content of the content of the content on the content of the content on t	(c) 12-Day PRE-Election Report for t  (d) 30-Day POST-Elect Report for t	the: Conve	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  y (12P)  ntion (12C)  al (30G)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the State of
5. Covering Period	2 31 20		ough 12	3.1 2.0	
Type or Print Name of Treasurer ALICE REKSTAD, ASSISTANT TREASURER					
Signature of Treasurer    Date   Discrete   Date   Discrete   Date   Discrete   Discrete					
Office Use Only					FORM 3X Rev. 12/2004

# 14031162908

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name	•	
	CITIZENS FOR SOU	THWEST WISCONSIN	/
R	eport Covering the Period: From:	2 3.1 20.1.2 To	o: 1,2 ' 3,1 ' 2,0,1,3
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2013		24.8.6.2
	(b) Cash on Hand at Beginning of Reporting Period	248-6.2	
	(c) Total Receipts (from Line 19)	1.0.0.0.0	1.00.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3.48.6.2	348-6.2
7.	Total Disbursements (from Line 31)		0.0.0.0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3.48.62	3.4.8.6.7
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	O.O.O.D	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

•	FEC Form 3X (Rev. 06/2004)	of Receipts	Page <b>3</b>
V	rite or Type Committee Name		
_			
R	eport Covering the Period: From:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	o:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12.	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1.0.0.00	
13.	All Loans Received		
15. 16. 17.	Loan Repayments Received		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  Total Federal Receipts (subtract Line 18(c) from Line 19)▶		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	- Total Tills I ellou	Calelidal Teal-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		
	(i) Federal Online		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to		
20.	Federal Candidates/Committees		
0.4	and Other Political Committees		
24.	Independent Expenditures (use Schedule E)	44.42	0.0.0
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(2 U.S.C. §441a(d)) (use Schedule F)		
	(add doinedaid i )		
26.	Loan Repayments Made		
	• ,		
27.		1	
28.	Refunds of Contributions To: (a) Individuats/Persons Other		
	Than Political Committees	R B (7) B B (7) B B (5) B	
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Takel Contribution Defined		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29	Other Disbursements		
20.			
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31	Total Disbursements (add Lines 21(c), 22,		
<b>J</b> 1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		, , , ,
	,,,,,(0), and(0)/	0.0.0.0	0000
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A **COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) ..... 34. Total Contribution Refunds (from Line 28(d)) ..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ........ ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36) ......

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11c Detailed Summery Page 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CITIZENS FOR SOUTHWEST WISCONSIN Full Name (Last, First, Middle Initial) TANG, Cynthia Date of Receipt Mailing Address 995 GHBURY CIRCLE City Zip Code LATTEV <u>53818</u> Amount of Each Receipt this Period FEC ID number of contributing / a O O O O federal political committee. Name of Employer Occupation RETIRED Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) ▼ To Bring Bank Balance OVER Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER:	PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	21b 27	22 23 28b 28b	24 25 26 30b
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name	e and address of any political	committee to	solicit contributions fro	on such committee.
NAME OF COMMITTEE (In Full)				
CITIZENS FOR SON	UTH WEST WIT	ESCAN	SIN	
Full Name (Last, First, Middle Initial)	10 2			
<b>A.</b>			Date of Disburseme	ont
Mailing Address				, <del>, , , , , , , , , , , , , , , , , , </del>
City	State Zip Code			
Purpose of Disbursement	Tr			
Candidate Name		الحد	Amount of Each Dis	sbursement this Period
Cardidate Hairs		Category/ Type		
Office Sought: House Disburser	_		**************************************	
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State: District:	Onior (specify)			
Full Name (Last, First, Middle Initial)				
3.			Date of Disburseme	ent
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	75-0-1-			
City	State Zip Code			
Purpose of Disbursement	l f		Amount of E To	
Candidate Name			Amount of Each Dis	sbursement this Period
		Category/ Type		
Office Sought: House Disburser				
LI 1 LI	Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			D-4- c4 Di-1	
<b>.</b> .			Date of Disburseme	ont
Mailing Address				
City	State Zip Code			
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Purpose of Disbursement			Amount of Foot St	shurananan ak ta 19-4-4
Candidate Name Category/		Amount of Each Dis	sbursement this Period	
		Туре		
Office Sought: House Disburserr Senate	nent For: Primary General			
	Other (specify)	}		
State: District:				
CURTOTAL of Dichurcoments This Dage (optional)				
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only).				

Citizens for Southwest Wisconsin

995 Highbury Circle PO Box 503 Platteville, WI 53818

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DATE PREPARED

(8/2013)