

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

Treasurer's Name Michael Quigley	Telephone Number (residence) (608) 217-6328
Address (number and street) PO 910	Telephone Number (employment) (608) 250-1794
City, State and Zip Code Madison WI 53701	

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). This provision only applies to independent and local nonpartisan candidates. s.8.35, Stats.

NAME	MAILING ADDRESS	POSITION

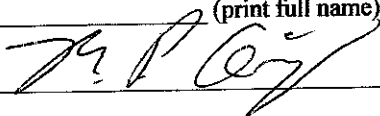
5. DEPOSITORY INFORMATION

Name of Financial Institution M&I Bank	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) 40600879
Address (number and street) 1 W Main St	City, State and Zip Code Madison WI 53703

CERTIFICATION

TREASURER

I, Michael Quigley (print full name) certify the information in this statement is true, correct and complete.

Signature , Treasurer Jul 7, 2006
Date

CANDIDATE

I, _____ (print full name) certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____, Candidate _____
Date _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.