

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED CIVIL RIGHTS
CLERKS OFFICE

05 JUL 27 PM 1:20

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 Lori Nitzel

Street Address

3109 Hermina St.

City State and Zip Code

Madison, WI 53714

OFFICE USE ONLY

WSEB ID Number:

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 Pre-Primary Spring Fall Special
 July Continuing 2006 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 61.02	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 61.02	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 61.02	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 61.02	\$
Total Disbursements	\$ 61.02	\$
CASH BALANCE END OF REPORT	\$ -0-	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$
LOANS (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 Lori Nitzel	Signature of Candidate or Treasurer <i>Lori Nitzel</i>	Date: 7-17-06 Daytime Phone: 608-442-7270
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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

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule

Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
Date / /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$		

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Friends of Lori Nitzel

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	Office Use
7/3/06	Lori Nitzel 3109 Hermina St. Madison, WI 53714 Check if: <input type="checkbox"/> In-Kind Offset	close savings portion of account	25.00	
7/3/06	Action Wisconsin Education Fund 122 State St #309 Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	donation to charity	36.02	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 61.02	
TOTAL ITEMIZED EXPENDITURES			\$ 61.02	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 61.02	

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
Date / /	Full Name Mailing Address and Zip Code of Creditor					
	Nature of Debt (Purpose)					
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					\$	
TOTAL ITEMIZED OBLIGATIONS					\$	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					\$	
TOTAL INCURRED OBLIGATIONS					\$	

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

Complete Committee Name

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

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

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

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

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

Complete Committee Name

SCHEDULE 3-C

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

Instructions for completing schedules are on the back of each schedule

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

Instructions for completing schedules are on the back of each schedule

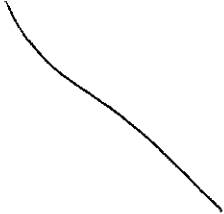
Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

SCHEDULE 3-E**ADDITIONAL DISCLOSURE
Contributions Returned to Contributor**

Page ____ of ____

Complete Committee Name

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
		
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

SCHEDULE 3-F**ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund**

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
7-3-06	Action Wisconsin Education Fund 122 State St., Ste 309 Madison, WI 53703	Closed account	36.02
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$ 36.02
TOTAL DONATED CONTRIBUTIONS			\$ 36.02

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
Friends of Lori Nitzel

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
<i>7-3-06</i>	<i>Lori Nitzel</i>	<i>25.00</i>
<i>7-3-06</i>	<i>Action Wisconsin Education Fund</i>	<i>36.02</i>

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
	<i>none</i>	

TERMINATION REQUEST I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Lori Nitzel

 Signature of Candidate or Treasurer

7-17-06

 Date