

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED
STATE ELECTIONS BOARD
07 MAR 13 PM 1:25

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Vote No For CHANGE

Street Address
P.O. Box 45241

City, State and Zip Code
Madison, WI 53744

WSEB ID Number:

OFFICE USE ONLY

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 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	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 37.16	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 37.16	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 37.16	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 37.16	\$
Total Disbursements	\$	\$
CASH BALANCE END OF REPORT	\$ 37.16	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —	\$
LOANS (Balance at the Close of This Period-3B)	\$ —	\$

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>George Hanson</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>3/10/07</i> Daytime Phone: <i>608-935-6032</i>
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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.

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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
3/4/06		Bank Fees	25.67	
	Check if: <input type="checkbox"/> In-Kind Offset			
3/10/07	Dr. Ken Luedtke 6225 Mineral Point Rd. Madison, WI 53705	Terminated Account - Return of balance to contributor	11.49	
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ ~~37.16~~ 37.16

TOTAL ITEMIZED EXPENDITURES

\$ ~~37.16~~ 37.16

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$ ~~37.16~~ 37.16