

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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 Thuy
 Street Address: 5406 Denton Pl
 City, State and Zip Code: Madison, WI 53711

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 08 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 -	\$ 11,244.22	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ 400.00	\$	\$
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ 11,644.22	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 800.00	\$ 9931.87	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 800.00	\$ 9931.87	\$	\$

CASH SUMMARY		
Cash Balance Beginning of Report	\$ 3094.71	\$
Total Receipts	\$ - 0 -	\$
Subtotal	\$ 3094.71	\$
Total Disbursements	\$ 800.00	\$
CASH BALANCE END OF REPORT	\$ 2294.71	\$
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 <u>Thomas F. Miller</u>	Signature of Candidate or Treasurer <u>Thomas F. Miller</u>	Date: <u>1/27/08</u>
		Daytime Phone: <u>608-256-1901</u> <u>x11825</u>

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
Friends of Thuy

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
7/16/07	Thuy Pham Remmele 5406 Denton Pl Madison, WI 53711	Repay Loan to Committee	\$800 ⁰⁰	
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 800 ⁰⁰	
TOTAL ITEMIZED EXPENDITURES	\$ 800 ⁰⁰	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ -0-	
TOTAL EXPENDITURES	\$ 800 ⁰⁰	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Thuy

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	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
11/28/06 3/3/07	Thuy Pham - Remmele 5406 Denton Pl Madison, WI 53711	\$800 ⁰⁰	- 0 -	\$800 ⁰⁰	- 0 -

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /					

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
			\$
			\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$
TOTAL OUTSTANDING LOANS \$ - 0 -