

Campaign Finance Report Short Form EB-2a State Elections Board	W.S.E.B. ID Number
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<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Primary _____	<input type="checkbox"/> Continuing Report due Jan. 31, _____
<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special Pre-Election _____	<input checked="" type="checkbox"/> Continuing Report due July 20, _____

Name of Candidate or Committee (in full) Friends of Larry Pasha

Address (number and street) 201 N. High Point Rd.

City, State, Zip Madison, WI 53717

I certify that the above named committee or candidate did not receive contributions or other income make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec 11.06(9), Stats.

Signature of Committee Treasurer or Candidate <u>Larry Pasha</u>	Date <u>7-19-09</u>	Daytime Phone <u>608-213-1234</u>
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EB-2a (Rev 9/95) (Reformatted 3/98) (Y2K 9/99)

