

**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:

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 *2009*     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	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ <i>195<sup>00</sup></i>	\$ <i>195<sup>00</sup></i>	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>200<sup>00</sup></i>	\$ <i>200<sup>00</sup></i>	\$	\$
1C. Other Income and Commercial Loans	\$ <i>-0-</i>	\$ <i>-0-</i>	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>395<sup>00</sup></i>	\$ <i>395<sup>00</sup></i>	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ <i>2131.16</i>	\$ <i>2186.16</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>-0-</i>	\$ <i>-0-</i>	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>2131.16</i>	\$ <i>2186.16</i>	\$	\$

**CASH SUMMARY**

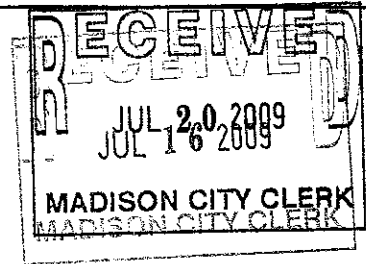
Cash Balance Beginning of Report	\$ <i>1914.71</i>	\$
Total Receipts	\$ <i>395.00</i>	\$
Subtotal	\$ <i>2309.71</i>	\$
Total Disbursements	\$ <i>2131.16</i>	\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>178.55</i>	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>-0-</i>	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>-0-</i>	\$

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>Thomas F. Miller</i>	Signature of Candidate or Treasurer <i>Thomas Miller</i>	Date: <i>7/17/09</i>
		Daytime Phone: <i>608-273-1501</i>

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500



OFFICE USE ONLY

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/30/09	Ron Ferrell 7122 E. Valle, Ridgedr. Madison, WI 53719		\$100.00	\$100.00 Office Use
3/30/09	Dot Kroeber 5150 Whitcomb Dr. Madison, WI 53711		\$25.00	\$25.00 Office Use
3/30/09	Peggy Rakow 422 Presidential Ln. Madison, WI 53711		\$20.00	\$20.00 Office Use
3/30/09	Steven Bergen 6200 Weatherwood Rd Cross Plains, WI 53528		\$50.00	\$50.00 Office Use
1/1				Office Use
1/1				Office Use
1/1				Office Use
1/1				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 195.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 195.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 195.00

**SCHEDULE 1-B**

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name Friends of Thuy

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Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
3/30/09	Realtors Association of South Central Wisconsin PAC 4801 Forest Run Rd. Suite 101, Madison, WI 53707	\$200.00	\$200.00	
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$200.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$200.00	

**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
3/30/09	Roemer Printing 2230 Pinehurst St, Middleton, WI 53562 Check if: <input type="checkbox"/> In-Kind Offset	Mailing Card	\$503.26	
3/30/09	Capital Mailing Systems 2544 Advance Rd Madison, WI 53718 Check if: <input type="checkbox"/> In-Kind Offset	Mailing Service	\$1627.90	
/ /	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			\$ 2131.16	
TOTAL ITEMIZED EXPENDITURES			\$ 2131.16	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -	
TOTAL EXPENDITURES			\$ 2131.16	