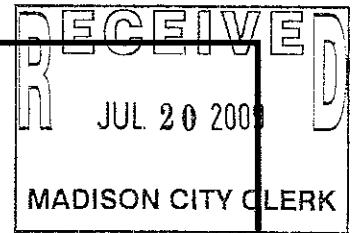


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is this report an Amendment? YES NO **XX**



COMMITTEE IDENTIFICATION

Name of Committee Progressive Dane
Address P.O. Box 1222
City, State, ZIP Madison WI 53701

OFFICE USE ONLY
WSEB # IC 300414

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 YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$ 50.00	\$ 1,454.07	\$	\$
B. Contributions from Committees (Transfers-In)	\$ -	\$ -	\$	\$
C. Other Income and Commercial Loans	\$ -	\$ -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 50.00	\$ 1,454.07	\$	\$

1. DISBURSEMENTS

A. Gross Expenditures	\$ -	\$ 604.18	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ -	\$ 530.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$ 1,134.18	\$	\$

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 1,257.81		\$	
Total Receipts	\$ 50.00		\$	
Subtotal	\$ 1,307.81		\$	
Total Disbursements	\$ -		\$	
CASH BALANCE AT END OF REPORT	\$ 1,307.81		\$	
INCURRED OBLIGATIONS	\$ -		\$	
(Balance at the Close of This Period 3-A)			\$	
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 Mary T. Anglim	Signature of Candidate or Treasurer <i>Mary T. Anglim</i>	Date 7/19/2009 Daytime Phone 608-249-0031
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NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.
Failure to provide this information may subject you to the penalties of ss.11.60, 11.62 Wisconsin Stats.

Contributions (Including Loans) From Individuals

Complete Committee Name
Progressive Dane

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
4/1/2009	Betty Chewning 3122 Lakeland Av Madison WI 53704	retired	\$ 50.00	\$ 50.00
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
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
	Check if: <input type="checkbox"/> In-kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 50.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 50.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ -	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 50.00	