

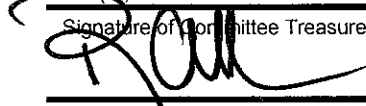
<b>Campaign Finance Report</b> Short Form EB-2a State Elections Board		W.S.E.B. ID Number
<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special
Pre-Primary _____		
<input type="checkbox"/> Continuing Report due Jan 31 _____		
<input type="checkbox"/> Spring	<input 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) **Raymond Allen**

Address (number and street) **26 Sunter Court Madison WI**

City, State, Zip **53705**

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 	Date <b>29 July 09</b>	Daytime Phone <b>270-9470</b>
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EB-2a (Rev 3/95) (Reformatted 3/98) (Y2K 9/99)

