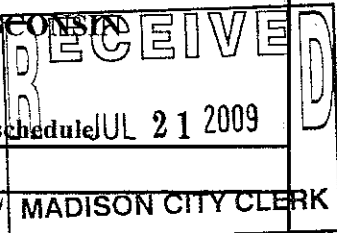


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**



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 Tray Thiel
 Street Address: 2514 Chamberlain Avenue
 City, State and Zip Code: Madison, WI 53705

MADISON CITY CLERK

OFFICE USE ONLY

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

1. RECEIPTS

	Column A This Period	Column B Calendar Year-Io-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —	\$	\$
1C. Other Income and Commercial Loans	\$ —	\$ —	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$ —	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ —	\$ —	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ —	\$ —	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>122.09</u>	\$	\$
Total Receipts	\$	\$	\$
Subtotal	\$	\$	\$
Total Disbursements	\$	\$	\$
CASH BALANCE END OF REPORT	\$ <u>122.09</u>	\$	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$	\$
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 <u>Tray Thiel</u>	Signature of Candidate or Treasurer 	Date: <u>7/20/09</u> Daytime Phone: <u>608 2387677</u>
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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