

**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

VOTE YES FOR GARVER

Street Address

3646 RICHARD ST

City State and Zip Code

MADISON, WI 53714

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 Pre-Election 4.7.09 Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

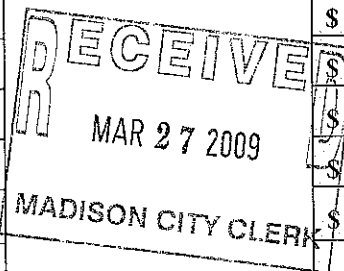
	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$ 2,600	\$ 2,600	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2,600	\$ 2,600	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 2,316.68	\$ 2,316.68	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$ 2,600	\$
Subtotal	\$ 2,600	\$
Total Disbursements	\$ 2,316.68	\$
CASH BALANCE END OF REPORT	\$ 283.32	\$
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 <i>Elizabeth Tucker</i>	Signature of Candidate or Treasurer <i>Elizabeth Tucker</i>	Date: 3/26/2009
		Daytime Phone: 608 215 4212

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

Complete Committee Name
VOTE YES FOR GARNER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
2/10/09	COMMON WEALTH DEVELOPMENT 1501 WILLIAMSON ST. MADISON, WI 53703		\$100	
2/19/09	COMMON WEALTH DEVELOPMENT 1501 WILLIAMSON ST MADISON, WI 53703		\$1,000	
2/27/09	COMMON WEALTH DEVELOPMENT 1501 WILLIAMSON ST MADISON, WI 53703		\$1,500	
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SUBTOTAL OTHER INCOME THIS PAGE			\$ 2,600	
TOTAL ITEMIZED OTHER INCOME			\$ 2,600	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$ 2,600	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
NOTE YES FOR GARVER

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
2/19/09	ALPHA GRAPHICS 221 KING ST. MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	VOTE YES POSTCARD PRINTING	\$454.07	
2/26/09	ALPHA GRAPHICS 221 KING ST. MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	VOTE YES POSTCARD PRINTING	\$500.00	
2/27/09	ALPHA GRAPHICS 221 KING ST MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	VOTE YES POSTCARD PRINTING	\$146.72	
3/13/09	BUDGET SIGNS & SPEAKERS 2225 INDUSTRIAL DR MADISON, WI 53713 Check if: <input type="checkbox"/> In-Kind Offset	VOTE YES YARD SIGNS	\$1,215.89	
/ /	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			\$ 2,316.68	
TOTAL ITEMIZED EXPENDITURES			\$ 2,316.68	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 2,316.68	