

**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

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 2009 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	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ - 0 -	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ - 0 -	\$	\$
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ - 0 -	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 55.00	\$ 55.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 55.00	\$ 55.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1969.71	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 30 2009 MADISON CITY CLERK </div>	\$
Total Receipts	\$ - 0 -		\$
Subtotal	\$ 1969.71		\$
Total Disbursements	\$ 55.00		\$
CASH BALANCE END OF REPORT	\$ 1914.71		\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -	\$	
LOANS (Balance at the Close of This Period-3B)	\$ - 0 -	\$	

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>Thomas F Miller</u>	Signature of Candidate or Treasurer <u>Thomas F Miller</u>	Date: <u>3/28/09</u> Daytime Phone: <u>608-273-1501</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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Thuy

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Date	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
3/19/09	Government Accountability Board 17 W. Main St. # 310 Madison, NJ 0753703	Voter List Dist. 20	\$55.00	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 55.00	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 55.00	