CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			78721.20 (Li	-SIR TARRANDESTA PRESENTED			
Is This Report an Amendment:			1				
Instructions for completing schedules are on the back of each schedule.			07 JAW 18 PH 1:35				
COMMITTEE IDENTIFICATION							
Name of Committee Friends of Right Thomas		•					
Name of Committee Friends of Rich Thomas Street Address 5914 Raymond Rd. Circ. State and Zip Code.			OFFICE USE ONLY				
City State and Zip Code Madison, WI 537/1				WSEB ID Number: CFT 30			
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 2007 Pre-Primary	Spring	☐ Fall ☐ Sp	ecial				
☐ July Continuing ☐ Pre-Election	Spring	☐ Fall ☐ Sp	ecial	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	100.00						
1A. Contributions (Including Loans) from Individuals	\$ 100,00	\$ 100.00	\$	 			
IB. Contributions from Committees (Transfers-In)	\$	\$ ~	\$	\$			
1C. Other Income and Commercial Loans	\$	\$	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 100,00	\$ 100,00	\$	\$			
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 7.47	\$ 7.47	\$	Sile z z zastania z zast			
2B. Contributions to Committees (Transfers-Out)	\$	s —	\$	\$			
TOTAL DISBURSEMENTS (Add totals from 2A and 2E	\$ 7,47	\$ 7,47	\$	S			
CASH SUMMARY							
Cash Balance Beginning of Report	s 0						
Total Receipts	\$ 100,00						
Subtotal	\$ 100.00			i.			
I otal Disbursements	s 7,47						
CASH BALANCE END OF REPORT	s 92.53						
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$.s					
LOANS (Balance at the Close of Ihis Period-3B)	s —	S					
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.							
-35	Signature of Candidate or Tre		Date:	116107			
Julie Thomas	July th	Omas	Daytime Pl	none: 263-5009			

NOIE: 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 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Com	mittee Name Q. L. H			
lastructions to	end of Rick Thomas	ach schedule		
Date	or completing schedules are on the back of e Full Name. Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
12 108 106	Rick Thomas 5914 Raymond Rd. Medison, WI 53711	Of Employment (if year-to-date total exceeds \$100)	- Appropriate to the second se	\$ 100.00
	5914 Raymond Rd.	RT Roal Estate Servicer 5914 Raymond Rd. Modison, WI 53711	\$100,00	1
	M. J. Som W.T. 53711	3914 Raymond Ru.	11	Office Use
	Charles Claying Conduit Clare	Modison, WI 3511	P. C.	
Date	Check if: In-Kind Conduit Loan Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)		rear-to-pate rotal
				Office Use
Date	Check if: In-Kind Conduit Loan Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,		Of Employment (if year-to-date total exceeds \$100)	de la companya de la	Year-to-Date Total
			A.S. J. Bargarian	
				· Office Use
Date	Check if: In-Kind Conduit Loan Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
				Office Use
	Check if: In-Kind Conduit CLoan			
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)	T. A. C.	Teal-to-Date Total
				Office Use
	Check if: In-Kind In Conduit In Loan			
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)		real-to-bate rotal
				The state of the s
				Office Use
	Check if: Cin-Kind Conduit CLoan			
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
1 1		Of Employment (if year-to-date total exceeds \$100)		, 54. 15 24.6 / 51.62
				Office Use
	Check if: I In-Kind I Conduit I Loan			
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
1 1		Of Employment (if your-to-date total exceeds \$100)		
1				×4-010-110-110-110-110-110-110-110-110-11
				Office Use
	Check if: In-Kind Conduit Loan			
			s 100,00	
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			10237	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 100,00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS DECENTED EDOM INDIVIDUALS			s 100,00	

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name Instructions for completing schedules are on the back of each schedule. Office Use Full Name Mailing Address and Zip Code Specific Purpose of Amount Date Expenditure Of Person or Business to Whom Payment is Made 12/13/06 Liberty Check Printing/Great WI CV 401. S. Yellowstone Dr. \$7.47 Maylison, wt 53719 Check if: In-Kind Offset Office Use Specific Purpose of Amount Full Name Mailing Address and Zip Code Date Of Person or Business to Whom Payment is Made Expenditure Check if: In-Kind Offset Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Office Use Specific Purpose of Amount Date Expenditure Check if: In-Kind Offset Specific Purpose of Amount Office Use Full Name Mailing Address and Zip Code Date Of Person or Business to Whom Payment is Made Expenditure I = ICheck if: In-Kind Offset
Full Name Mailing Address and Zip Code Specific Purpose of Amount Office Use Date Expenditure Of Person or Business to Whom Payment is Made Check if: In-Kind Offset Office Use Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Amount Specific Purpose of Date Expenditure Check if: In-Kind Offset Office Use Full Name Mailing Address and Zip Code Specific Purpose of Amount Date Of Person or Business to Whom Payment is Made Expenditure 1 1 Check if: In-Kind Offset Office Use Specific Purpose of Amount Full Name Mailing Address and Zip Code Date Expenditure Of Person or Business to Whom Payment is Made Office Use Specific Purpose of Amount Full Name Mailing Address and Zip Code Date Of Person or Business to Whom Payment is Made Expenditure Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

TOTAL EXPENDITURES \$