

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED
ELECTIONS DIVISION
07 JAN 18 PM 1:35

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 Rick Thomas*

Street Address: *5914 Raymond Rd.*

City, State and Zip Code: *Madison, WI 53711*

OFFICE USE ONLY

WSEB ID Number: *CFT30*

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 _____ Special _____
 July Continuing _____ Pre-Election _____ 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				
IA. Contributions (Including Loans) from Individuals	\$ <i>100.00</i>	\$ <i>100.00</i>	\$	\$
IB. Contributions from Committees (Transfers-In)	\$ <i>—</i>	\$ <i>—</i>	\$	\$
IC. Other Income and Commercial Loans	\$ <i>—</i>	\$ <i>—</i>	\$	\$
TOTAL RECEIPTS (Add totals from IA, IB and IC)	\$ <i>100.00</i>	\$ <i>100.00</i>	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ <i>7.47</i>	\$ <i>7.47</i>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>—</i>	\$ <i>—</i>	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>7.47</i>	\$ <i>7.47</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>0</i>	\$
Total Receipts	\$ <i>100.00</i>	\$
Subtotal	\$ <i>100.00</i>	\$
Total Disbursements	\$ <i>7.47</i>	\$
CASH BALANCE END OF REPORT	\$ <i>92.53</i>	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>—</i>	\$
LOANS (Balance at the Close of This Period-3B)	\$ <i>—</i>	\$

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>Julie Thomas</i>	Signature of Candidate or Treasurer <i>Julie Thomas</i>	Date: <i>1/16/07</i>
		Daytime Phone: <i>263-5009</i>

NOTE: 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 Committee Name
Friends of Rick Thomas

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

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
12/08/06	<i>Rick Thomas 5914 Raymond Rd. Madison, WI 53711</i>	<i>RT Real Estate Services 5914 Raymond Rd. Madison, WI 53711</i>	<i>\$100.00</i>	<i>\$100.00</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ <i>100.00</i>	
TOTAL ITEMIZED CONTRIBUTIONS			\$ <i>100.00</i>	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ <i>—</i>	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ <i>100.00</i>	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Friends of Rick Thomas

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
12/13/06	<i>Liberty Check Printing/Great WI CV 401 S. Yellowstone Dr. Madison, WI 53719</i>	<i>checks</i>	<i>\$7.47</i>	
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ <i>7.47</i>	
TOTAL ITEMIZED EXPENDITURES			\$ <i>7.47</i>	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ <i>0</i>	
TOTAL EXPENDITURES			\$ <i>7.47</i>	