

CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN  
GAB-2

*COMMITTEE IDENTIFICATION*

<b>Filing Period Name:</b>	July Continuing 2011	<b>OFFICE USE ONLY</b>  GAB ID: 0105106
<b>Name of Committee/Corporation:</b>	Friends of Lussow for Senate	
<b>Street Address:</b>	PO Box 142	
<b>City, State and Zip:</b>	Tomahawk, WI 54487	

<i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i>	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$350.00	\$350.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	<b>\$350.00</b>	<b>\$350.00</b>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$0.00	\$0.00
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	<b>\$0.00</b>	<b>\$0.00</b>

*CASH SUMMARY*

Cash Balance Beginning of Report *	\$0.00	
Total Receipts	\$350.00	
Subtotal	\$350.00	
Total Disbursements	\$0.00	
<b>CASH BALANCE END OF REPORT *</b>	<b>\$350.00</b>	
<b>INCURRED OBLIGATIONS</b>		
(Balance at the Close of This Period-3A)	\$0.00	
<b>LOANS</b> (Balance at the Close of This Period-3B)	<b>\$0.00</b>	

*\*Cash Balance as reported by committee*

**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: Clark, Dean	Signature of Candidate or Treasurer	Date: Daytime Phone:
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**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 From Individuals**

Complete Committee Name: Friends of Lussow for Senate

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
<b>Monetary</b>							
05/13/2011	CLARK, DEAN C	P.O. BOX 142, TOMAHAWK, WI 54487	RETIRED			\$100.00	\$0.00
06/23/2011	BELL, ROBERT H	1921 ROBINSON RD., TOMAHAWK, WI 54487	RETIRED			\$50.00	\$0.00
06/23/2011	HILGENDORF, CARL	N11524 FOREST PARK, TOMAHAWK, WI 54487				\$100.00	\$0.00
05/16/2011	Lussow, Robert Henry	w6275 Camp Rice Point Road, Tomahawk, WI 54487				\$100.00	\$0.00
<b>Sub Total</b>						\$350.00	
<b>Total Unitemized Contributions</b>						\$0.00	
<b>Total Anonymous Contributions</b>						\$0.00	
<b>Grand Total</b>						\$350.00	
<b>Non-Monetary (-):</b>						\$0.00	
<b>Loan Forgiven (-):</b>						\$0.00	
<b>Total</b>						\$350.00	

**SCHEDULE 1-B****RECEIPTS  
Contributions from Committees  
(Transfers-In)****Complete Committee Name:** Friends of Lussow for Senate

Date	Full Name	Address	Amount	YTD
<b>Grand Total</b>			\$0.00	
<b>Non-Monetary (-):</b>			\$0.00	
<b>Total</b>			\$0.00	

**SCHEDULE 1-C****RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Friends of Lussow for Senate

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

**SCHEDULE 2-A****DISBURSEMENTS  
Gross Expenditures****Complete Committee Name:** Friends of Lussow for Senate

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
<b>Grand Total</b>						\$0.00
<b>Non-Monetary (-):</b>						\$0.00
<b>Total</b>						\$0.00

**SCHEDULE 2-B****DISBURSEMENTS  
Contributions To Committees  
(Transfers-Out)****Complete Committee Name:** Friends of Lussow for Senate

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
<b>Grand Total</b>					\$0.00
<b>Non-Monetary (-):</b>					\$0.00
<b>Registrant In-Kind Sub Total (-):</b>					\$0.00
<b>Total</b>					\$0.00

**SCHEDULE 3-A****ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans****Complete Committee Name:** Friends of Lussow for Senate**Incurred Obligation Outstanding Amount:** \$0.00

Date	Full Name	Address	Amount
<b>Grand Total</b>			\$0.00

Date	Full Name	Amount Paid
<b>Grand Total</b>		\$0.00

**SCHEDULE 3-B****ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial****Complete Committee Name:** Friends of Lussow for Senate**Loans Outstanding Amount:** \$0.00

Date	Lender Name	Address	Loan Amount	Loan Payment + Forgiven Amount	Outstanding Amount
<b>Grand Total</b>					\$0.00