CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

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

RECEIVED
[illegible] 52

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Kim M. Peterson

Street Address: W 768 Dixon Drive

City, State and Zip Code: Burlington WI 53105

GAB ID Number: 0105269

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing ____ ☐ Pre-Primary ____ ☐ Spring ☐ Fall ☐ Special ☐ Termination Report *also complete Schedule 4*

☒ July Continuing 2012 ☐ Pre-Election ____

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 1530.00	$ 1530.00
1B. Contributions from Committees (Transfers-In)	$ 1025.00	$ 1025.00
1C. Other Income and Commercial Loans	$ 0.00	$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 2555.00	$ 2555.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 2023.84	$ 2023.84
2B. Contributions to Committees (Transfers-Out)	$ 12.68	$ 12.68
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 2036.52	$ 2036.52

CASH SUMMARY

Cash Balance Beginning of Report	$ 0.00
Total Receipts	$ 2555.00
Subtotal	$ 2555.00
Total Disbursements	$ 2036.52
CASH BALANCE END OF REPORT	$ 518.48
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 0.00
LOANS (Balance at the Close of This Period-3B)	$ 0.00

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	Signature of Candidate or Treasurer	Date:
Betty L. Peterson	Betty L. Peterson	7-19-12
		Daytime Phone: 262 661-4121

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to prc ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability Bc 608-266-8005.

0105269-99

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
4/14/12	Leah Blough 8355 57th Ave Kenosha, WI 53142 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
4/16/12	Patricia Rose Ventura 2010 S. 92nd St. West Allis, WI 53227 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
4/21/12	George Kirkpatrick 2136 Deer Run Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		10.00	10.00
4/24/12	Mary Burpee 609 W. Walworth St. Elkhorn, WI 53121 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
5/4/12	Leigh Ullman 3559 E. Norport Dr. Port Washington, WI 53074 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	Social Worker Sheboygan County Human Services 1011 N. 8th St. Sheboygan WI 53074 0900188	25.00	25.00
5/12/12	Peter J. Peterson W768 Dixon Dr. Burlington WI 53105 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	10.00	10.00
5/14/12	Colleen Robson 2947 Mallard Way East Troy, WI 53120 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	50.00	50.00
		SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 195	195
		TOTAL ITEMIZED CONTRIBUTIONS	$	
		TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
		TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
5/21/12	Candice Owley 2785 S. Delaware Ave Milwaukee, WI 53207 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	President Wisconsin Federation of Nurses & Health Professionals 9620 W. Greenfield Ave West Allis, WI 53214	100.00	100.00
5/21/12	Barbara Janusiak 1539 S. 60th St. West Allis, WI 53214 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
5/22/12	Curtis Reesman 29940 Meadow Dr. Burlington, WI 53105 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
5/29/12	Michael Schindhelm 1126 Rainbow Ct. Mukwonago, WI 53149 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	10.00	10.00
6/7/12	Normandie Byrne P.O. Box 67 1652 Church St. Lyons, WI 53148 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
6/7/12	Mary Jo Fesenmaier 633 Sue Ann Dr. Lake Geneva, WI 53147 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
6/4/12	Susan McKeegan-Guinn 57 E. Sedgemeadow St. Elkhorn, WI 53121 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Retired	100.00	100.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 410	410
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
6/6/12	Jeff Weber 11219 Bridget Ln. Hales Corners 53130 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		20.00	20.00
6/7/12	Julie Schroeder 11707 304th Ave Trevor, WI 53179 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		30.00	30.00
6/8/12	Martha Johnson P.O. Box 666 Walworth, WI 53184 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
6/7/12	Nancy Geidel 3540 Westshire Circle Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Retired	100.00	100.00
6/7/12	Barbara Sullivan 2432 N. Shore Dr. Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Retired	100.00	100.00
6/7/12	Thomas Spellman 270 Country Club Dr. Lake Geneva WI. 53147 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Self Employed Programmer 270 Country Club Dr. Lake Geneva, WI 53147	100.00	100.00
6/7/12	Debra Kosloske 4745 S. Forest Home Ave New Berlin, WI 53151 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 425	425
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
6/7/12	Ellen Holly W 5108 Wandawega Dr. Elkhorn, WI 53121 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
6/7/12	Charlene Staples W7898 Creek Rd Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50.00	50.00
6/7/12	James Anton N2742 St Rd 67 Williams Bay, WI 53191 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
6/7/12	Carrie Heck 388 Highridge Rd. Burlington WI 53105 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
6/6/12	Robert Betzer 2718 Willow Point Dr. Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
6/7/12	Barbara Shreves 640 Holland Ave. Delavan, WI 53115 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25.00	25.00
6/10/12	Colleen Robson 2947 Mallard Way East Troy, WI 53120 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	25.00	25.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 200	200
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
6/8/12	Sarah Wagner 26718 31st St. Salem, WI 53168 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	Not Employed 0900188	100.00	100.00
6/19/12	Joanne Williams 307 Water St. Lake Geneva, WI 53147 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Retired	100.00	100.00
6/22/12	Shannon Souther 401 S. Perkins Blvd Burlington WI 53105 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	50.00	50.00
6/24/12	Leigh Ullman 3559 E. Norport Dr. Port Washington, WI 53074 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	25.00	25.00
6/30/12	Leigh Ullman 3559 E. Norport Dr. Port Washington, WI 53074 Check if: ☐ In-Kind ☐ Loan ☒ Conduit Conduit GABID#	0900188	25.00	25.00
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 300	300
TOTAL ITEMIZED CONTRIBUTIONS	$ 1530	1530
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 1530	1530

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
4/25/12	Assembly Democratic Campaign Committee P.O. Box 814 Madison, WI 53701 Check if: [X] In-Kind [ ] Loan	0400001	25.00	25.00
5/24/12	Racine County Federation of Nurses P.O. Box 081561 Racine WI 53408 Check if: [ ] In-Kind [ ] Loan		500.00	500.00
6/27/12	Wisconsin Federation of Nurses and Health Professionals 9620 W. Greenfield Ave West Allis, WI 53214 Check if: [ ] In-Kind [ ] Loan	0500909	500.00	500.00
	Check if: [ ] In-Kind [ ] Loan			
	Check if: [ ] In-Kind [ ] Loan			
	Check if: [ ] In-Kind [ ] Loan			
	Check if: [ ] In-Kind [ ] Loan			
	Check if: [ ] In-Kind [ ] Loan			
	Check if: [ ] In-Kind [ ] Loan			
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		$ 1025	1025
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		$ 1025	1025

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Kim M. Peterson

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

SUBTOTAL OTHER INCOME THIS PAGE	$ 0
TOTAL ITEMIZED OTHER INCOME	$ 0
TOTAL UNITEMIZED OTHER INCOME $20 OR LESS	$ 0
TOTAL OTHER INCOME	$ 0

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Kim M. Peterson

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
4/25/12	Assembly Democratic Campaign Committee P.O. Box 814 Madison WI 53701 Check if: [X] In-Kind Offset	Nomination Paper Design	25.00
5/10/12	Larry Zamba Zamba Creative Studios 24503 - 75th St. Salem, WI 53168 Check if: [ ] In-Kind Offset	Business Card Design	50.00
5/14/12	Kim M. Peterson W768 Dixon Dr. Burlington, WI. 53105 Check if: [ ] In-Kind Offset	Union Copy Center Reimbursement for Business Cards, Thank You Cards & Banner Printing	360.10
6/7/12	Larry Zamba Zamba Creative Studios 24503 - 75th St. Salem, WI 53168 Check if: [ ] In-Kind Offset	Palm Card Design	100.00
6/7/12	Union Copy Centers 3060 S. 43rd St. Milwaukee, WI 53219 Check if: [ ] In-Kind Offset	Remittance Envelopes Palm Card Printing	232.32
6/11/12	Carl Bryan Check if: [ ] In-Kind Offset	Wages Campaign Manager	250.00
6/23/12	USPS - Burlington Post Office Check if: [ ] In-Kind Offset	Stamps	45.00
6/26/12	Carl Bryan Check if: [ ] In-Kind Offset	Wages Campaign Manager	250.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 1312.42
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$
TOTAL EXPENDITURES	$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Kim M. Peterson

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
6/28/12	Larry Zamba Zamba Creative Studios 24503 - 75th St. Salem, WI 53168 Check if: ☐ In-Kind Offset	Logo Design & Palm Card Revision	100.00
6/29/12	Union Copy Center 3060 S. 43rd St Milwaukee WI 53219 Check if: ☐ In-Kind Offset	T-Shirts & Screen charge, Literature Printing, Business Cards & Printing	611.42
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 711.42
TOTAL ITEMIZED EXPENDITURES	$ 2023.84
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0
TOTAL EXPENDITURES	$ 2023.84

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
5/4/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.99	.99
5/12/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.40	.40
5/14/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	1.98	1.98
5/29/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.40	.40
6/10/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.99	.99
6/8/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	3.96	3.96
6/22/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	1.98	1.98
6/24/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.99	.99
6/30/12	Act Blue Wisconsin PO Box 382110 Cambridge, Massachusetts Check if: ☐ In-Kind ☐ Loan 02238-2110	0900188	.99	.99
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		$ 12.68	12.68
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		$ 12.68	12.68

SCHEDULE 3-A

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Complete Committee Name
Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Obligations At Close of This Period
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	$ 0
TOTAL ITEMIZED OBLIGATIONS	$ 0
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$ 0
TOTAL INCURRED OBLIGATIONS	$ 0

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name: Friends of Kim M. Peterson

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding $

SUBTOTAL OUTSTANDING LOANS THIS PAGE	$ 0
TOTAL OUTSTANDING LOANS	$ 0

CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

GAB-1

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS, THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of the Candidate:	**Party Affiliation:**	**Office Sought (Include Branch Number):**	
Peterson, Kim Marie	Democratic	State Assembly, State Assembly, District No. 32	
Residence Address (Number and Street):		**Candidate Telephone Number (Residence):**	
W 768 Dixon Drive		(262) 661-4121	
City, State and Zip:	**Election Date:**	**Candidate Email:**	
Burlington, WI 53105-2648	11/06/2012	kimforassembly@yahoo.com	
Committee Name:	**Acronym:**	**Committee Type:**	**Committee Sub-Type:**
Friends of Kim M. Peterson		State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	W 768 Dixon Drive, Burlington, WI 53105-2648	**Committee Email:**	kimforassembly@yahoo.com
Phone:	(262) 661-4121		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Peterson, Betty Lou	**Phone:**	(262) 661-4121
Address (Number and Street):	W 768 Dixon Drive		
City, State and Zip:	Burlington, WI 53105-2648		
Email:	bettylou440@wi.rr.com		

DEPOSITORY INFORMATION

Name of Financial Institution:	Fox River State Bank	**Account Number:**	**********
Address (Number and Street):	241 East Jefferson Street		
City, State and Zip:	Burlington, WI 53105		