

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			
Is This Report An Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Instructions for completing schedules are on the back of each schedule.			
<b>COMMITTEE IDENTIFICATION</b>			
Name of Committee Green for Wisconsin			
Street Address PO Box 22366			
City, State and Zip Code Green Bay, WI 54305			
Check if address is different than previously reported? <input type="checkbox"/>			OFFICE USE ONLY WSEB ID Number: 102847
<b>PERIOD OF REPORT</b>			
<input type="checkbox"/> January Continuing 2006 <input checked="" type="checkbox"/> Pre-Primary 2006 <input type="checkbox"/> Spring <input checked="" type="checkbox"/> Fall <input type="checkbox"/> Special <input type="checkbox"/> Termination Report <input type="checkbox"/> July Continuing 2006 <input type="checkbox"/> Pre-Election 2006 <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special			
<b>SUMMARY OF RECEIPTS AND DISBURSEMENT</b>			
<b>1. RECEIPTS</b>	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only
A. Contributions including Loans from Individuals	1179920.11	2682660.74	
B. Contributions from Committees (Transfers-In)	199696.93	320943.52	
C. Other Income and Commercial Loans	8454.39	66476.48	
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	<b>1388071.43</b>	<b>3070080.74</b>	
<b>2. DISBURSEMENTS</b>			
A. Gross Expenditures	837924.66	1479278.78	
B. Contributions to Committees (Transfers-Out)	225.00	275.00	
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	<b>838149.66</b>	<b>1479553.78</b>	
<b>CASH SUMMARY</b>			
Cash Balance Beginning of Report	3170157.53		
Total Receipts	1388071.43		
Subtotal	4558228.96		
Total Disbursements	838149.66		
<b>CASH BALANCE END OF REPORT</b>	<b>3720079.30</b>		
<b>INCURRED OBLIGATIONS (Balance at the close of this period)</b>	<b>0.00</b>		
<b>LOANS (Balance at the close of this period)</b>	<b>0.00</b>		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.			
Name or Print Name of Treasurer or Candidate		Signature of Treasurer or Candidate	Date
Daytime Phone: 920-435-2006			

**Note:** The information on this form is required by §§ 11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of §§ 11.60, 11.61, Wis. Stats.

(EB-2 Rev. 12/03)

This Form is Prescribed by the State Elections Board, PO box 2973 Madison WI, 53701-2973, 608-268-8005