

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN  
EB-2**

**COMMITTEE IDENTIFICATION**

<b>Filing Period Name:</b>	July Continuing 2008	<b>OFFICE USE ONLY</b>  <b>GAB ID: 0102463</b>
<b>Name of Committee:</b>	Doyle for Wisconsin	
<b>Street Address:</b>	P.O. Box 2687	
<b>City, State and Zip:</b>	Madison, WI 53701	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$2,959.00	\$610,354.85
1B. Contributions from Committees (Transfers-In)	\$0.00	\$6,786.61
1C. Other Income and Commercial Loans	\$0.00	\$7,753.41
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	<b>\$2,959.00</b>	<b>\$624,894.87</b>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$0.00	\$292,174.53
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>\$292,174.53</b>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$425,991.41
Total Receipts	\$2,959.00
Subtotal	\$428,950.41
Total Disbursements	\$0.00
<b>CASH BALANCE END OF REPORT</b>	<b>\$428,950.41</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)	\$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: Gale, Karin M.	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.