

1-1-10 to 6-30-

Campaign Finance Report
Short Form EB-2a
State Elections Board

W.S.E.B. ID Number

| | | | | |
|---------------------------------|-------------------------------|----------------------------------|--------------------|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | Pre-Primary _____ | <input type="checkbox"/> Continuing Report due Jan. 31, _____ |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | Pre-Election _____ | <input checked="" type="checkbox"/> Continuing Report due July 20, <u>2010</u> |

Name of Candidate or Committee (in full)

Friends of Peggy West

Address (number and street)

2512 W Greenfield Ave

City, State, Zip

Milw WI 53207

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

RECEIVED
JUN 21 2010
JW