NO		OFFICE USE ONLY	
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	Please check if address is different than previously reported		
	Spring	 I	
Column A	Column P	Audited Totals	
This Period	YTD	Office Use Only	
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e and belief it is true,	, correct and complete		
gnature of Candidate or T	Freasurer	Date 27-Jan-2	
iaii	P 1	Daytime Phone 608-239-094	
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NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.