

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
EB-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

GAB ID: 0104826

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
Ross, Dave	Republican	Lieutenant Governor, Lieutenant Governor	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
13 Bridgeview Drive		(715) 392-1608	
City, State and Zip:	Election Date:	Candidate Email:	
Superior, WI 54880	11/02/2010	friendsofdaveross@gmail.com	
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Friends of Dave Ross	ROSS	State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	13 Bridgeview Drive, Superior, WI 54880	Committee Email:	friendsofdaveross@gmail.com
Phone:	(715) 392-1608		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Ross, Robert	Phone:	(715) 394-4221
Address (Number and Street):	P.O. Box 1431		
City, State and Zip:	Superior, WI 54880		
Email:	friendsofdaveross@gmail.com		

ADDITIONAL CONTACTS

Name	Address	Title	Email	Phone	Primary
Rosand, Craig	1701 Wyoming, Superior, WI 54880	Manager	rosanc@charter.net	(715) 392-6291	<input checked="" type="checkbox"/>

DEPOSITORY INFORMATION

Name of Financial Institution:	National Bank of Commerce	Account Number:	*****
Address (Number and Street):	1127 Tower Avenue		
City, State and Zip:	Superior, WI 54880		

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

CERTIFICATE

TREASURER

I, Ross, Robert

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Ross, Dave

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____ Candidate _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

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