

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

**Is This Report an Amendment:**     Yes             No

**Instructions for completing schedules are on the back of each schedule.**

**COMMITTEE IDENTIFICATION**

Name of Committee  
Friends For Santiago Rosas

Street Address  
18 Clarendon Court

City, State and Zip Code  
Madison, WI 53704

OFFICE USE ONLY

WSEB ID Number:

01 JUN 29 11:4:32

**Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.**

**NAME OF REPORT**

January Continuing 2001     Pre-Primary 20\_\_     Spring     Fall     Special

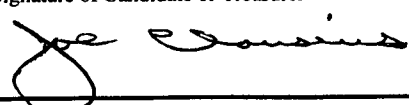
July Continuing 20\_\_     Pre-Election 20\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$ 250.00	\$ 250.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 250.00	\$ 250.00	\$	\$
<b>2. DISBURSEMENTS</b>				
A. Gross Expenditures	\$ 10.75	\$ 10.75	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 10.75	\$ 10.75	\$	\$

<b>CASH SUMMARY</b>				
Cash Balance Beginning of Report	\$ 5.52		\$	
Total Receipts	\$ 250.00		\$	
Subtotal	\$ 255.52		\$	
Total Disbursements	\$ 10.75		\$	
<b>CASH BALANCE END OF REPORT</b>	\$ 244.77		\$	
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period)	\$		\$	
<b>LOANS</b> (Balance at the Close of This Period)	\$		\$	

**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 Joe Clausius, Treasurer	Signature of Candidate or Treasurer 	Date: January 27, 2001
		Daytime Phone: 608-249-2111

**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.



**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
**Friends For Santiago Rosas**

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Date	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
8-1-00	State Capitol Credit Union 4800 American Parkway Madison, WI 53718	New checks for campaign account	10.75	
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**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE**

\$ 10.75

**TOTAL ITEMIZED EXPENDITURES**

\$ 10.75

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS**

\$

**TOTAL EXPENDITURES**

\$ 10.75