

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

RECEIVED
STATE ELECTIONS BOARD
CLERK'S OFFICE
02 JAN 11 11:02

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:

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 20 02 Pre-Primary 20 ____ Spring Fall Special

July Continuing 20 ____ Pre-Election 20 ____ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$	\$ 950.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$ 100.00	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$ 1050.00	\$	\$

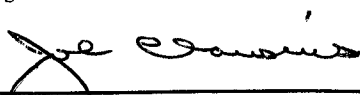
2. DISBURSEMENTS

A. Gross Expenditures	\$ 282.48	\$ 282.48	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 962.29	\$ 1012.29	\$	\$ 1062.29
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1244.77	\$ 1294.77	\$	\$ 1344.77

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1244.77		\$
Total Receipts	\$		\$
Subtotal	\$ 1244.77		\$
Total Disbursements	\$ 1244.77		\$
CASH BALANCE END OF REPORT	\$ 0		\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$		\$
LOANS (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 11, 2002
		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

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

Date	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
9/6/01	East Madison Community Center 8 Straubel Court Madison, WI 53704	Donation	250.00	
11/8/01	Office Depot 4016 East Washington Avenue Madison, WI 53704	Office Supplies	32.48	
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$282.48	
TOTAL ITEMIZED EXPENDITURES			\$282.48	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$282.48	

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends For Santiago Rosas

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
12/17/01	Friends For Santiago Rosas 3385 Basil Drive Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	962.29	962.29	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 962.29		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 962.29		

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
 Friends For Santiago Rosas

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance has been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.

DISPOSAL OF RESIDUAL FUNDS
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2A OR 2B.

Date	Recipient	Amount
12/17/01	Friends For Santiago Rosas 3385 Basil Drive Madison, WI 53704 County Board Election Spring 2002	962.29

LOAN OR DEBT FORGIVENESS
 I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



 Signature of Candidate or Treasurer

Treasurer

 Date

January 11, 2002