

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

04 JUL -9 PM 3:54

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Friends Of Santiago Rosas

Street Address

3385 Basil Drive

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 Pre-Primary Spring Fall Special
 July Continuing 2004 Pre-Election 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	\$	\$ 850.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$ 400.00	\$	\$
C. Other Income and Commercial Loans	\$	\$ 250.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$ 1500.00	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 100.00	\$ 400.00	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$ 450.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 100.00	\$ 850.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 5028.29	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 5028.29	\$
Total Disbursements	\$ 100.00	\$
CASH BALANCE END OF REPORT	\$ 4928.29	\$
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	Signature of Candidate or Treasurer	Date: July 9, 2004
Joe Clausius		Daytime Phone: 608-244-5066

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 Of 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
02/18/0	Vern Kempfer Mayfair Park Neighborhood Assoc. 449 MacArthur Road Madison, WI 53714	Office Supplies Food At Meeting	100.00	
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 100.00	
TOTAL ITEMIZED EXPENDITURES			\$ 100.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 100.00	