

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON  
CLERKS OFFICE

Is This Report an Amendment:     Yes             No

05 JUL 12 PM 3:08

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 2005     Pre-Election \_\_\_\_\_     Spring \_\_\_\_\_     Fall \_\_\_\_\_     Special \_\_\_\_\_

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

Audited Totals  
Office Use Only

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals	\$ 155.00	\$ 155.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$ 200.00	\$	\$
1C. Other Income and Commercial Loans	\$	\$ 250.00	\$	\$ - 0 -
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 155.00	\$ 605.00	\$	\$ <b>355.00</b>

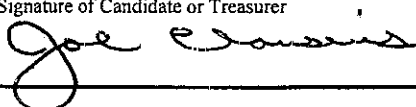
**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1351.78	\$ 1351.78	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 300.00	\$ 350.00	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1651.78	\$ 1701.78	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 4873.29		\$
Total Receipts	\$ 155.00		\$
Subtotal	\$ 5028.29		\$
Total Disbursements	\$ 1651.78		\$
<b>CASH BALANCE END OF REPORT</b>	\$ 3376.51		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$		\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$		\$

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:
Joe Clausius		July 11, 2005
		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

Complete Committee Name  
**Friends Of Santiago Rosas**

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

Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
4 / 8 / 05	Terrence R. Wall P.O. Box 7700 Madison, WI 53707	President T. Wall Properties P.O. Box 7700 Madison, WI 53707	155.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 155.00	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$ 155.00	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$ 155.00	

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**Friends Of 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
4 / 7 / 05	VISA The Park Bank PO Box 8969 Madison, WI 53708 Check if: <input type="checkbox"/> In-Kind Offset	DELL Computer System	1271.78	
4 / 17 / 05	National MS Society 1120 James Drive, Suite A Hartland, WI 53029 Check if: <input type="checkbox"/> In-Kind Offset	MS Walk Food & T-Shirts	80.00	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			<b>\$ 1351.78</b>	
<b>TOTAL ITEMIZED EXPENDITURES</b>			<b>\$ 1351.78</b>	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			<b>\$</b>	
<b>TOTAL EXPENDITURES</b>			<b>\$ 1351.78</b>	

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name  
**Friends Of 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
4 / 12 / 05	Doyle For Wisconsin P.O. Box 2687 Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID# 102463	300.00	300.00	
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 300.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 300.00		