

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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05 JUL 22 PM 12:33
postmarked July 21, 2005

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Committee To Reelect Paul Van Rooy

Street Address

113 Southoff Rd

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 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	
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ - 0 -	\$	\$ 275. ⁰⁰
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ - 0 -	\$	\$ 200. ⁰⁰
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ - 0 -	\$	\$ 475. ⁰⁰

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 986.43	\$	\$	\$ 1646.43
2B. Contributions to Committees (Transfers-Out)	\$ 150.00	\$	\$	\$ 150. ⁰⁰
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1136.43	\$	\$	\$ 1796.43

CASH SUMMARY

Cash Balance Beginning of Report	\$3356.23	\$
Total Receipts	\$ - 0 -	\$
Subtotal	\$3356.23	\$
Total Disbursements	\$1136.43	\$
CASH BALANCE END OF REPORT	\$2219.80	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -	\$
LOANS (Balance at the Close of This Period-3B)	\$ - 0 -	\$

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: 21 Jul 05
PAUL J. VAN ROOY	Paul Van Rooy	Daytime Phone: 663-9500

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

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
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 0 -

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0 -

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0 -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 0 -

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
COMMITTEE TO REELECT PAUL VAN ROOY

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
3/28/05	Capital Printing	Printing Brochures	\$ 305.95	
	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
4/03/05	Fund Class Mailers	Mailing Brochures	\$ 526.48	
	Check if: <input type="checkbox"/> In-Kind Offset			
4/12/05	Northside Senior Coalition	Advertising in Golden Times	\$ 30.00	
	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
4/30/05	The Shop Consulting	Preparing mailing labels	\$ 124.00	
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 986.43

TOTAL ITEMIZED EXPENDITURES \$ 986.43

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ - 0 -

TOTAL EXPENDITURES \$ 986.43

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
COMMITTEE TO REELECT PAUL VAN ROOY

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
3/26/05	MICHAEL WELING 1833 NORTHWESTERN AVE MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	150.00	# 900.00	
/ /	KOBZA FOR SCHOOL BOARD Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#		20.00	
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 220.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 220.00		