

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON
CLERKS OFFICE
06 JAN 31 AM 8:38

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 BILL CLINGAN
 Street Address: 1715 MADISON ST.
 City State and Zip Code: MADISON WI 53711

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 06 Pre-Primary Spring Fall Special
 July Continuing 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	\$ -0-	\$ 9825	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ 6500	\$	\$
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0000	\$ 16325	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 185.00	\$ 16347.56	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 185.00	\$ 16347.56	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1270.25	\$
Total Receipts	\$ 0000	\$
Subtotal	\$ 1270.25	\$
Total Disbursements	\$ 185.00	\$
CASH BALANCE END OF REPORT	\$ 1085.25	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$
LOANS (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 <u>Bill Clingan</u>	Signature of Candidate or Treasurer <u>Bill Clingan</u>	Date: <u>1/30/06</u>
		Daytime Phone: <u>258-9868</u>

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

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF BILL CLINGA

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
12/19/05	NORTHSIDE PLANNING COUNCIL 2702 INTERNATIONAL LN MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset	ADVERTISING	185.00	
/ /	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
/ /	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
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 185.00	
TOTAL ITEMIZED EXPENDITURES			\$ 185.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 185.00	