

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON
CLERKS OFFICE

06 JUL 19 PM 4:15

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 06 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

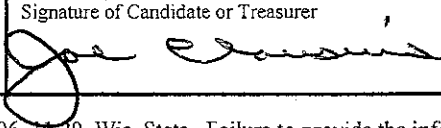
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 100	\$ 100	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 200	\$ 200	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 300	\$ 300	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3126.51	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 3126.51	\$
Total Disbursements	\$ 300.00	\$
CASH BALANCE END OF REPORT	\$ 2826.51	\$
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 Joe Clausius	Signature of Candidate or Treasurer 	Date: July 18, 2006 Daytime Phone: 608-244-5066
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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 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
4/22/06	National MS Society 1120 James Drive, Suite A Hartland, WI 53029 Check if: <input type="checkbox"/> In-Kind Offset	MS Walk Food, I-Shirts	100.00	
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 100.00	
TOTAL ITEMIZED EXPENDITURES			\$ 100.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 100.00	

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
4/26/06	Falk For Attorney General P.O. Box 8832 Madison, WI 53708 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# 6139	200.00	200.00	
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 200.00		