

07 JAN 31 11:49

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is this report an Amendment? YES  NO

**COMMITTEE IDENTIFICATION**

Name of Committee Friends of Brian Benford  
Address 2334 E. Washington Ave.  
City, State, ZIP Madison, WI 53704

OFFICE USE ONLY  
WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT (Please circle) Jan 20<sup>07</sup> Continuing Pre-Primary 20\_\_ Spring Fall Special  
July 20\_\_ Continuing Pre-election 20\_\_ Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$ -	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
<b>TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)</b>	\$ -	\$ -		

<b>1. DISBURSEMENTS</b>				
A. Gross Expenditures	\$ 30.00	\$ 60.00		
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ 30.00	\$ 60.00		

CASH SUMMARY				
Cash Balance at Beginning of Report	\$ 65.67			
Total Receipts	\$ -			
Subtotal	\$ 65.67			
Total Disbursements	\$ 30.00			
<b>CASH BALANCE AT END OF REPORT</b>	\$ 35.67			
<b>INCURRED OBLIGATIONS (at close of period)</b>	\$ -			
<b>LOANS (at close of period)</b>	\$ -			

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 Sheila M. Guilfoyle Treasurer	Signature of Candidate or Treasurer <i>Sheila M. Guilfoyle</i> Date 1/30/07 Daytime Phone 244-7534
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NOTE: The information on this form is required by ss 11 06, 11 20 Wisconsin Stats  
Failure to provide this information may subject you to the penalties of 11 60, 11 62, Wisconsin Stats

