

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED
CLERKS OFFICE
07 JAN 31 PM 4:00

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 JOE CLAUDIUS

Street Address

TIM HEALY, TREASURER; 19 CLAREMONT CT

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 **2007** 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	\$ 100 ⁰⁰	\$ 100 ⁰⁰	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 200 ⁰⁰	\$ 200 ⁰⁰	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 300 ⁰⁰	\$ 300 ⁰⁰	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 157.06	\$ 157.06	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 157.06	\$ 157.06	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$ 300.00	\$
Subtotal	\$ 300.00	\$
Total Disbursements	\$ 157.06	\$
CASH BALANCE END OF REPORT	\$ 142.94	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0	\$
LOANS (Balance at the Close of This Period-3B)	\$ 100 ⁰⁰	\$

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 JOSEPH CLAUDIUS	Signature of Candidate or Treasurer <i>Joseph Claudius</i>	Date: 1-31-2007
		Daytime Phone: 608-241-9000

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 JOE CLAUDIUS

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
11 29 06	JOE CLAUDIUS 18 CLARENDON CT MADISON, WI 53704	CANDIDATE	100 ⁰⁰	100 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 100⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 100⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 100⁰⁰

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF JOE CLAUDINE

Instructions for completing schedules are on the back of each schedule

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
12/01/06	FRIENDS OF SANTIAGO ROSAS 3385 BASIL DR MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# <u>NA</u>	200 ⁰⁰	200 ⁰⁰	
/ /	Full Name of Committee 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 of Committee 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 of Committee 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 of Committee 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 of Committee 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 of Committee 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 of Committee 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 of Committee 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-In) THIS PAGE		\$ 200 ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 200 ⁰⁰		

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF JOE CLAVIUS

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
12/29/06	STATE ELECTIONS BOARD	VOTER LIST	110 ⁰⁰	
	Check if: <input type="checkbox"/> In-Kind Offset			
12/29/06	PARC BANK	SERVICE CHG	15.81	
	Check if: <input type="checkbox"/> In-Kind Offset			
12/13/06	HARLAND CHECKS % PARC BANK	PRINTING CHECKS	31.25	
	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			
/ /	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			\$ 157.06	
TOTAL ITEMIZED EXPENDITURES			\$ 157.06	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 157.06	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS OF JOE CLAUDIUS

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
11/29/06	JOE CLAUDIUS 18 CLARENDON COURT MADISON, WI 53704	0	100 ⁰⁰	0	100 ⁰⁰

List All Endorsers or Guarantors (if any)
VIA

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

Date	Full Name Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

Date	Full Name Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Name and Address of Employer	Amount Guaranteed Outstanding
			\$
			\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$	100 ⁰⁰
TOTAL OUTSTANDING LOANS	\$	100 ⁰⁰