

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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 KAMI

Street Address

10 ROSEWOOD CIRCLE

City State and Zip Code

MADISON WI 53711

OFFICE USE ONLY

WSEB ID Number: 104280

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

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 282.00	\$ 282.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 281.58	\$ 281.58	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 563.58	\$ 563.58	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 563.58	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 563.58	\$
Total Disbursements	\$ 563.58	\$
CASH BALANCE END OF REPORT	\$ 0	\$
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 KAMI ESHRAGHI	Signature of Candidate or Treasurer 	Date: 5/8/07 Daytime Phone: 608.212.4284
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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 KAMI

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
5/7/07	CLIFTON GUNDERSON LLP 440 SCIENCE DRIVE, STE 400 MADISON, WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	ACCOUNTING SERVICES (CAMPAIGN)	282.00	
/ /	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			\$ 282.00	
TOTAL ITEMIZED EXPENDITURES			\$ 282.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0	
TOTAL EXPENDITURES			\$ 282.00	

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF KAMI

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
5/7/07	FRIENDS OF TERESE BERCEAU Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	81.58	81.58	
5/7/07	BRUSKEWITZ FOR COUNTY BOARD Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	200.00	200.00	
/ /	Full Name 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 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 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 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 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 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 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 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-Out) THIS PAGE		\$ 281.58		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 281.58		

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
FRIENDS OF KAMI

WSEB ID Number
104280

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero
- Candidates may not terminate prior to the election in which they are participating
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted

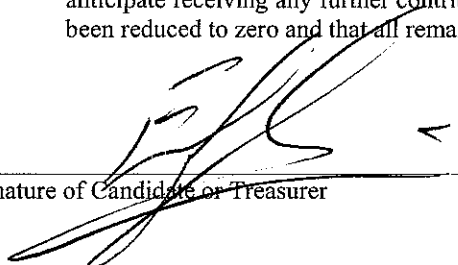
DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
5/7/07	CLIFTON GUNDERSON LLP	282.00
5/7/07	BRUSKEWITZ FOR COUNTY BOARD	200.00
5/7/07	FRIENDS OF TERESE BERCEAU	81.58

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
	N.A.	

TERMINATION REQUEST I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



 Signature of Candidate or Treasurer

5/8/07

 Date