

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

07 MAR 16 AM 11:15

COMMITTEE IDENTIFICATION

Name of Committee
Comm To REELECT PAUL VAN ROOY

Street Address
113 SAUT HOFF RD

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 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	\$ 769.80	\$ 769.80	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 600.00	\$ 600.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1369.80	\$ 1369.80	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1369.80	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 1369.80	\$
Total Disbursements	\$ 1369.80	\$
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 <i>PAUL J. VAN ROOY</i>	Signature of Candidate or Treasurer <i>Paul J. Van Rooy</i>	Date: <i>13 MAR 07</i>
		Daytime Phone: <i>244-0169</i>

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-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Comm To REELECT PAUL VAN ROOY

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
1/10/07	FRIENDS OF MARK DEADMAN 3622 ALPINE RD. MADISON, WF 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	100.00		
2/7/07	FRIENDS OF DAVE CIESLEWICZ PO BOX 2164 MADISON, WF 53701 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	300.00		
2/14/07	FRIENDS OF JOHNNY WINSTON 502 TRAVELER LN MADISON, WI 53718 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	100.00		
3/05/07	FRIENDS OF JOE CLAUSIUS 18 CLARENDON ST MADISON, WF 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	100.00		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 600.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 600.00		

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Comm. To REFLECT PAUL VAN ROOY

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
8/13/07	NORTH/EASTSIDE SENIOR COMMISSION 1625 NORTH FORT DR #125 MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset	CHARITABLE CONTRIBUTION	769.80	
/ /	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			\$ 769.80	
TOTAL ITEMIZED EXPENDITURES			\$ 769.80	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 769.80	

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Comm To REELECT PAUL VAN ROOY

WSEB ID Number

- 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
3/13/07	NORTH/EAST SIDE SENIOR COALITION 1625 NORTHPORT DR #125 MADISON, WI 53704	769.80

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

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

Paul Van Rooy
Signature of Candidate or Treasurer

13 MAR 07
Date