

**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 JAMES ELY

Street Address

4713 MANDRAKE RD

City, State and Zip Code

MADISON WI 53704-1733

WSEB ID Number:

OFFICE USE ONLY

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 **2008** Pre-Primary _____ Spring Fall Special
 July Continuing _____ Pre-Election _____ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 100.00	\$ 100.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ -	\$ -	\$	\$
1C. Other Income and Commercial Loans	\$ -	\$ -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 100.00	\$ 100.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$ 0	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 0	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$ 100.00	\$
Subtotal	\$ 100.00	\$
Total Disbursements	\$ 0	\$
CASH BALANCE END OF REPORT	\$ 100.00	\$
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	Signature of Candidate or Treasurer	Date: 1-27-2008
JAMES ELY	<i>James Ely</i>	Daytime Phone: 608 244 4947

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF JAMES ELY

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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
12/28/07	JAMES G. ELY 4713 MANDRAKE RD MADISON, WI 53704		100.00	100.00 Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 100.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 100.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 100.00	