

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

LATE

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 Julia Kerr

Street Address

1626 Madison Street

City, State and Zip Code

Madison, WI 53711

WSEB ID Number:

OFFICE USE ONLY

08 FEB 21 11 22 AM '08

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

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$

\$ 4695.00

\$

\$

1B. Contributions from Committees (Transfers-In)

\$

\$ 650.00

\$

\$

1C. Other Income and Commercial Loans

\$

\$.58

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$

\$ 5345.58

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$

~~20.00~~ 6460.96

\$

\$

2B. Contributions to Committees (Transfers-Out)

\$

200.00

\$ 200.00

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

220.00

\$ 6660.96

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$

229.62 ✓

\$

Total Receipts

\$

—

\$

Subtotal

\$

229.62

\$

Total Disbursements

\$

220.00

\$

CASH BALANCE END OF REPORT

\$

9.62 ✓

\$

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

0

\$

LOANS (Balance at the Close of This Period-3B)

\$

0

\$

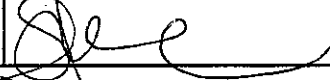
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

JULIA S. KERR



2/21/08

Daytime Phone:

260-26601

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

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Julia Kerr

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
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
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	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 20.00	
TOTAL EXPENDITURES			\$	

bank fees.

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Julia Kerr

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
8/30/07	Assembly Democratic Campaign Comm. Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# <u>400001</u>	\$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
/ /	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		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 200.00		