

1073

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is this report an Amendment? YES NO

COMMITTEE IDENTIFICATION

Name of Committee Friends of Brian Benford

Address 2334 E. Washington Ave.

City, State, ZIP Madison, WI 53704

OFFICE USE ONLY
WSEB # ID

Please check if address is different than previously reported _____

NAME OF REPORT Jan 2009 Continuing Pre-Primary 20__ Spring Fall Special
(Please circle) July 2008 _____ Continuing Pre-election 20__ Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	Column B	Audited Totals	
1. RECEIPTS	This Period	YTD	Office Use Only	
A. Contributions including Loans from Individuals	\$ 25.00	\$ 50.00		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 25.00	\$ 50.00		

1. DISBURSEMENTS	Column A	Column B	Audited Totals	
	This Period	YTD	Office Use Only	
A. Gross Expenditures	\$ 30.00	\$ 60.00		
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 30.00	\$ 60.00		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 20.67		
Total Receipts	\$ 25.00		
Subtotal	\$ 45.67		
Total Disbursements	\$ 30.00		
CASH BALANCE AT END OF REPORT	\$ 15.67		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ -		

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 Sheila M. Guilfoyle Treasurer	Signature of Candidate or Treasurer <i>Sheila M. Guilfoyle</i>	Date 1-27-09 Daytime Phone 244-7534
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NOTE: The information on this form is required by ss. 11.05, 11.20, Wisconsin Stats.
Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats.



