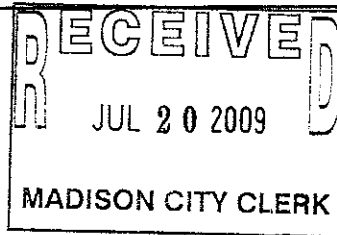


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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 ARLIC VANDERWERFF
 Street Address: 6814 STRATFORD DR
 City State and Zip Code: MADISON, WI 53719

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

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date | Audited Totals Office Use Only | |
|---|-------------------------|--------------------------------------|-----------------------------------|-----------|
| 1A. Contributions (Including Loans) from Individuals | \$ 2860.00 | \$ 4111.36 | \$ | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ — | \$ — | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ — | \$ — | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 2860.00 | \$ 4111.36 | \$ | \$ |

2. DISBURSEMENTS

| | | | | |
|--|-------------------|-------------------|-----------|-----------|
| 2A. Gross Expenditures | \$ 3410.96 | \$ 4320.36 | \$ | \$ |
| 2B. Contributions to Committees (Transfers-Out) | \$ — | \$ — | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 3410.96 | \$ 4320.36 | \$ | \$ |

CASH SUMMARY

| | | | |
|---|----------------|-----------|-----------|
| Cash Balance Beginning of Report | \$ 550.96 | \$ | \$ |
| Total Receipts | \$ 2860.00 | \$ | \$ |
| Subtotal | \$ 3410.96 | \$ | \$ |
| Total Disbursements | \$ 3410.96 | \$ | \$ |
| CASH BALANCE END OF REPORT | \$ 0.00 | \$ | \$ |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ | \$ | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ 0.00 | \$ | \$ |

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 <u>JULIE VANDERWERFF</u> | Signature of Candidate or Treasurer | Date: <u>7/19/09</u> Daytime Phone: <u>608 3201438</u> |
|--|---|--|

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

Complete Committee Name
FRIENDS OF ARIC VANDER WERFF

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

| 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 |
|--|---|--|---------|-----------------------------|
| 3/27/09 | ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719 | AVIONICS TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704 | 2285.00 | 3151.36 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan | | | | |
| 3/31/09 | BILL ZILLMER 2817 CIMARRON TR MADISON, WI 53719 | PRINCIPAL / CREATIVE DIRECTOR ANNUNCI CREATIVE GROUP LLC 2817 CIMARRON TR MADISON, WI 53719 | 40.00 | 120.00 |
| | | | | Office Use |
| Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 4/3/09 | BILL ZILLMER SR 4909 ACADEMY DR MADISON, WI 53716 | | 100.00 | 100.00 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 3/27/09 | DAVID BLASKA 5213 LORATH TERR MADISON, WI 53711 | | 35.00 | 35.00 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 4/4/09 | ANN HILL 2802 MAPLE GROVE DR MADISON, WI 53719 | | 25.00 | 25.00 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 4/6/09 | MR LK RASMUSSEN 6918 WINSTONE DR MADISON, WI 53711 | | 25.00 | 25.00 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 4/2/09 | RON FERRELL | | 100.00 | 100.00 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | | |
| 4/2/09 | ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719 | AVIONICS TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704 | 100.00 | 3291.36 |
| | | | | Office Use |
| Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan | | | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 2710.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2710.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2710.00

Complete Committee Name
FRIENDS OF ARIC VANDER WERFF

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

| 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 |
|--|---|---|------------|-----------------------------|
| 4/15/09 | ARIC VANDER WERFF 6514 STRATFORD DR MADISON, WI 53719 | AVIENICS TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704 | 150.00 | 3401.36 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| / / | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | | | Office Use |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 150.00 | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ 2860.00 | |
| TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS | | | \$ — | |
| | | | 2860.00 | |

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF ARIC VANDERWERFF

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 |
|---|--|------------------------------------|-------------------|------------|
| 3/24/09 | DORA DESIGN DORA HALEN 1901 WINNEBAGO ST #3 MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset | CARTOON | 290.00 | |
| 3/24/09 | ADVERTISING CREATIONS 2618 INDUSTRIAL DR MADISON, WI 53713 Check if: <input checked="" type="checkbox"/> In-Kind Offset | SIGNS | 288.54 | |
| 3/28/09 | PEDEX / KINKOS Check if: <input type="checkbox"/> In-Kind Offset | COPIES | 31.00 | |
| 3/28/09 | FED EX / KINKOS Check if: <input type="checkbox"/> In-Kind Offset | COPIES | 1.88 | |
| 3/31/09 | ANUNC CREATIVE GROUP 2317 CIMARRON TR MADISON, WI 53719 Check if: <input checked="" type="checkbox"/> In-Kind Offset | CAMPAIGN MATERIALS | 40.00 | |
| 4/3/09 | KRAMER PRINTING 5515 CATFISH CT WAUKESHA, WI 53977 Check if: <input type="checkbox"/> In-Kind Offset | PRINTING | 2670.32 | |
| 3/12/09 | GO DADDY.COM Check if: <input type="checkbox"/> In-Kind Offset | WEB SITE | 6.99 | |
| 4/13/09 | GO DADDY.COM Check if: <input type="checkbox"/> In-Kind Offset | WEBSITE | 6.99 | |
| 6/1/09 | ARIC VANDERWERFF 6814 STRATFORD DR MADISON, WI 53719 Check if: <input type="checkbox"/> In-Kind Offset | TERMINATION OF ACCOUNT | 1217.64 | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ 3395.10 | |
| TOTAL ITEMIZED EXPENDITURES | | | \$ 3395.10 | |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$ 15.86 | |
| TOTAL EXPENDITURES | | | \$ 3410.96 | |

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name
FRIENDS OF ARIC VANDER WERFF

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

| Date | Full Name Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|---------|--|--|-----------------------|---------------------------------|--|
| 3/27/09 | ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719 | — | 2285.00 | — | 2285.00 |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|--------|--|--|-----------------------|---------------------------------|--|
| 4/2/09 | ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719 | — | 100.00 | — | 100.00 |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|---------|--|--|-----------------------|---------------------------------|--|
| 4/15/09 | ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719 | — | 150.00 | — | 150.00 |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

| | |
|---|-------------------|
| SUBTOTAL OUTSTANDING LOANS THIS PAGE | \$ 2535.00 |
| TOTAL OUTSTANDING LOANS | \$ 3194.16 |

SCHEDULE 3-E

ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

Complete Committee Name
FRIENDS OF ARIC VANDER WERFF

Instructions for completing schedules are on the back of each schedule

| Date of Original Contribution | Name and Address of Contributor | Amount Returned |
|-------------------------------|---|-----------------|
| 1/20/09 | ARIC VANDER WERFF 6819 STRATFORD DR MADISON, WI 53719 | 214.64 |

| | |
|--|---------------|
| SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS | 214.64 |
| TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS | \$ 0.00 |
| TOTAL RETURNED CONTRIBUTIONS* | <u>214.64</u> |

SCHEDULE 3-F

ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund

Instructions for completing schedules are on the back of each schedule

| Date of Donation | Name and Address of Donee | Reason for Donation | Amount of Donation |
|------------------|---------------------------|---------------------|--------------------|
| | | | |

| | |
|---|----|
| SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS | \$ |
| TOTAL DONATED CONTRIBUTIONS | \$ |

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
 FRIENDS OF ARIC VANDER WERFF

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 |
|------|-------------------|--------|
| 6/09 | ARIC VANDER WERFF | 21464 |

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 |
|-----------|----------------------------------|---------|
| 7/21/2009 | Aric Vander Werff | 3444.16 |

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

7/5/09
 Date