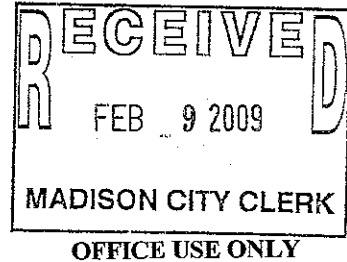


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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 ARIC VANDER WERFF

Street Address
6814 STRATFORD DR

City, State and Zip Code
MADISON, WI 53719

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 2009 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	\$ 370.00	\$ 370.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 370.00	\$ 370.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 120.00	\$ 120.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 120.00	\$ 120.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0.00	\$
Total Receipts	\$ 370.00	\$
Subtotal	\$ 370.00	\$
Total Disbursements	\$ 120.00	\$
CASH BALANCE END OF REPORT	\$ 250.00	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$
LOANS (Balance at the Close of This Period-3B)	\$ 330.00	\$

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 Julie M VANDER WERFF	Signature of Candidate or Treasurer 	Date: 2/7/09 Daytime Phone: 3201438
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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
12/19/08	ARIC S. VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719	AVIONIC TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704	250.00	290.00
				Office Use
12/5/08	BILL ZILMEL JR 2817 CIMARRON TR MADISON, WI 53719	PRINCIPAL / CREATIVE DIR. ANNUNCI GROUP LLC 2817 CIMARRON TR MADISON, WI 53719	40.00	40.00
				Office Use
12/5/08	ARIC S. VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719	AVIONICS TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704	80.00	330.00
				Office Use
/ /				
				Office Use
/ /				
				Office Use
/ /				
				Office Use
/ /				
				Office Use
/ /				
				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 370.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 370.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 370.00	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF ARLC VANDER WERFF

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

ADDENDUM

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
12 19 108	BILL ZILLMER JR / ANUNCI 2817 CIMARRON TR MADISON, WI 53719 Check if: <input checked="" type="checkbox"/> In-Kind Offset	DEVELOPMENT OF CAMPAIGN MATERIALS	40.00	
12 15 108	GOVT ACCOUNTABILITY OFFICE P.O BOX 2973 17 WEST MAIN ST SUITE 310 MADISON, WI 53701-2973 Check if: <input type="checkbox"/> In-Kind Offset	VOTER LIST	80.00	
1 / /	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
1 / /	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
1 / /	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
1 / /	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
1 / /	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
1 / /	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
1 / /	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			\$ 120.00	
TOTAL ITEMIZED EXPENDITURES			\$ 120.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —	
TOTAL EXPENDITURES			\$ 120.00	

SCHEDULE 3-B

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
12/15/08	ARIC S VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719	0.00	80.00	0.00	80.00

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
12/19/08	ARIC S VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719	0.00	250.00	0.00	250.00

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
/ /					

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 \$ 330.00
 TOTAL OUTSTANDING LOANS \$ 330.00