

**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 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 2009     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

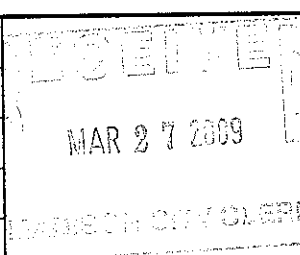
**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-to-Date	Audited Totals Office Use Only	
IA. Contributions (Including Loans) from Individuals	\$ 642 <sup>20</sup>	\$ 1251 <sup>34</sup>	\$	\$
IB. Contributions from Committees (Transfers-In)	\$ —	\$ —	\$	\$
IC. Other Income and Commercial Loans	\$ —	\$ —	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from IA, IB and IC)	\$ 642 <sup>20</sup>	\$ 1251 <sup>34</sup>	\$	\$

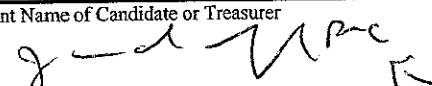
**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 544 <sup>19</sup>	\$ 950 <sup>90</sup>	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 544 <sup>19</sup>	\$ 950 <sup>90</sup>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 452 <sup>95</sup>		\$
Total Receipts	\$ 642 <sup>20</sup>		\$
Subtotal	\$ 1095 <sup>15</sup>		\$
Total Disbursements	\$ 544 <sup>19</sup>		\$
<b>CASH BALANCE END OF REPORT</b>	\$ 550 <sup>96</sup>		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —		\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 1116 <sup>36</sup>	\$	

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:
	JULIE VANDERWERFF	3/26/09
		Daytime Phone: 3201938

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 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
3/2/09	ARIC VANDER WERFF 6814 STRATFORD DR MADISON, WI 53719	AVIONICS TECHNICIAN 3110 MITCHELL ST MADISON, WI 53704	207 <sup>20</sup>	866 <sup>30</sup> Office Use
2/28/09	BILL ZILLMER 2817 CIMARRON TR MADISON, WI 53719		10 <sup>00</sup>	80 <sup>00</sup> Office Use
2/6/09	RICHARD YAEGER 530 W DOTY #204 MADISON, WI 53703		50 <sup>00</sup>	50 <sup>00</sup> Office Use
2/1/09	PHILLIP <del>STANLEY</del> LINDSEY 6 MAPLE VIEW CT MADISON, WI 53719		25 <sup>00</sup>	25 <sup>00</sup> Office Use
3/19/09	EILEEN BRUSKOWITZ 5134 REYNOLDS AVG WAUNAKEE, WI 53597		50 <sup>00</sup>	50 <sup>00</sup> Office Use
3/19/09	RICK PETRI 5134 REYNOLDS AVG WAUNAKEE, WI 53597		50 <sup>00</sup>	50 <sup>00</sup> Office Use
3/16/09	DANE LEYERLE 6334 WALDEN WAY MADISON, WI 53719		100 <sup>00</sup>	100 <sup>00</sup> Office Use
3/11/09	DONALD SEVERSEN 534 S MIDVALE BLVD MADISON, WI 53711		50 <sup>00</sup>	50 <sup>00</sup> Office Use
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 532 <sup>20</sup>	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$ 632 <sup>20</sup>	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$ 10 <sup>00</sup>	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$ 642 <sup>20</sup>	

**Contributions (Including Loans) From Individuals**

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2/06/09	SCOTT NEITZEL 1813 PINEVIEW DR VERONA, WI 53593		50 <sup>00</sup>	50 <sup>00</sup> Office Use
2/06/09	GERALD RING 607 FARWELL DR MADISON, WI 53704		50 <sup>00</sup>	50 <sup>00</sup> Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 100 <sup>00</sup>	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 632 <sup>20</sup>	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 10 <sup>00</sup>	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 642 <sup>20</sup>	



**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
12/31/08	ARIC VANDER WERFF 6514 STRATFORD DR MADISON, WI 53719	330 <sup>00</sup>	0	0	330 <sup>00</sup>

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
1/20/09	ARIC VANDER WERFF 6514 STRATFORD DR MADISON, WI 53719	329 <sup>16</sup>	0	0	659 <sup>16</sup>

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
1/20/09	ARIC VANDER WERFF 6514 STRATFORD DR MADISON, WI 53719	250 <sup>00</sup>	0	0	909 <sup>16</sup>

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 \$ 909<sup>16</sup>  
TOTAL OUTSTANDING LOANS \$ 909<sup>16</sup>

**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
1 / 1	<b>ARIC VANDER WERFF 6814 STRATFORD DR MADISON WI 53719</b>	207 <sup>20</sup>	0	0	1176 <sup>36</sup>

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
1 / 1					

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
1 / 1					

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 \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ 207 <sup>20</sup>
<b>TOTAL OUTSTANDING LOANS</b>	\$ 1176 <sup>36</sup>