CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			ECEIVEN			
Is This Report an Amendment:	□ No	Aria Grant Base	NOV 0 2 2015			
Instructions for completing schedules are on the	100 0 2 2013					
COMMITTEE IDENTIFICATION  MADISON CITY CLERK						
Name of Committee		America cabanyon	The state of the s			
Friends of Joe Clausius						
Street Address Tim Healy, Treasurer; 19 Clarendon Court			OFFICE USE ONLY			
City, State and Zip Code	Oddie					
Madison, Wi 53704						
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 Fai	I Special	Termination Report			
☐ July Continuing 2015 ☐ Pre-Election	Spring Fa	II Special	also complete Schedule 4			
SUMMARY OF RECEIPTS AND						
DISBURSEMENTS	Column A This Period	Column B Calendar				
1. RECEIPTS		Year-To-Date				
1A. Contributions (Including Loans) from Individuals	\$2050.00	\$4065.00				
	\$ 0	\$1150.00				
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0				
1C. Other Income and Commercial Loans	\$2050.00	\$5215.00				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$2030.00	Ψ 3213.00				
2. DISBURSEMENTS		T .	<del> </del>			
2A. Gross Expenditures	\$6032.45	\$6097.45				
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$6032.45	\$6097.45				
CASH SUMMARY						
Cash Balance Beginning of Report	\$4548.29					
Total Receipts	\$2050.00					
Subtotal	\$6598.29					
Total Disbursements	\$6032.45					
CASH BALANCE END OF REPORT	\$ 565.84					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$					
LOANS (Balance at the Close of This Period-3B)	\$					
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: 11/02/15						

NOTE: 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.

Email jclausius@charter.net

Daytime Phone: 608-244-5066

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Joe Clausius

## SCHEDULE 1-A

## RECEIPTS Contributions (Including Loans) From Individuals

Page  $\underline{1}$  of  $\underline{1}$ 

Complete Com	mittee Name			
Friend	s of Joe Clausius			
Instructions fo	or completing schedules are on the back of	each schedule.		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
10/23/15	Tom Sanford		50.00	50.00
10/23/13	555 D'Onofrio Drive	,	30.00	50.00
	Madison, WI 53719			
Date	Check if: In-Kind Loar Conduit	Conduit Name:	<del> </del>	<del> </del>
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
1 1				
	Check if: In-Kind Loar Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 , ,		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
/ /				
	Check if: In-Kind Loan Conduit	Conduit Name:		
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
1 1		Of Employment (if year-to-date total exceeds \$ 100)		real-to-Date rotal
	Check if: In-Kind Loan Conduit	Conduit Name:		Ì
Date	Check if:	Occupation, Name and Address of Principal Place	Amount	Calendar
	, and a second s	Of Employment (if year-to-date total exceeds \$100)	1	Year-to-Date Total
1 ' '				
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		One do the Manager		
Date	Check if: In-Kind Loar Conduit Full Name, Mailing Address and Zip Code	Conduit Name:  Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Tuli Hame, Maning Address and 2p oode	Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
	Check if: In-Kind Loar Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)	1	Year-to-Date Total
, , ,				
	Check if: In-Kind Loan Conduit	Conduit Name:		4
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE		\$50.00		
	3081	J II MINIMED JOHITHOUTHOUTHOUTHOUTHOUTHOUTHOUTHOUTHOUTHOU		1
		TOTAL ITEMIZED CONTRIBUTIONS	\$50.00	]
		• 0		
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 0	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$50.00	
	10175		L	