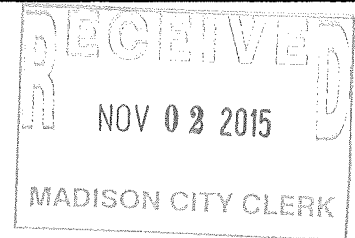


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**



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 Joe Clausius

Street Address
Tim Healy, Treasurer; 19 Clarendon Court

City, State and Zip Code
Madison, Wi 53704

OFFICE USE ONLY

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 2015 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
1A. Contributions (Including Loans) from Individuals	\$ 2050.00	\$ 4065.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 1150.00
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2050.00	\$ 5215.00

2. DISBURSEMENTS

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 Joe Clausius	Signature of Candidate or Treasurer Email jclausius@charter.net	Date: 11/02/15 Daytime Phone: 608-244-5066
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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.

**RECEIPTS
Contributions (Including Loans) From Individuals**

Complete Committee Name
Friends of Joe Clausius

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
10/23/15	Tom Sanford 555 D'Onofrio Drive Madison, WI 53719 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		50.00	50.00
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 50.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 50.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 50.00