

**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 DOROTHY BORCHARDT

Street Address
4522 Hollow Ridge Road

City, State and Zip Code
Madison, WI 53704

0100-311054

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 20__ Pre-Primary 20__ Spring Fall Special
 July Continuing 2001 Pre-Election 20__ 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	
A. Contributions including Loans from Individuals	\$ 540.00	\$ 2956.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 400.00	\$ 800.00	\$	\$
C. Other Income and Commercial Loans	\$.00	\$.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 940.00	\$ 3756.00	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 40.00	\$ 1918.97	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ 200.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 240.00	\$ 2118.97	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2224.55	\$
Total Receipts	\$ 940.00	\$
Subtotal	\$ 3164.55	\$
Total Disbursements	\$ 240.00	\$
CASH BALANCE END OF REPORT	\$ 2924.55	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$.00	\$
LOANS (Balance at the Close of This Period)	\$.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 Lucy Olson	Signature of Candidate or Treasurer Lucy Olson	Date: 7-4-01
		Daytime Phone: 274-2366

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.

Contributions Including Loans From Individuals

Complete Committee Name
Friends of Dorothy BORCHARDT

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 contribution exceeds \$100)	Amount	Calendar Year to Date Total
3/21/01	Mary Schermerhorn 1706 Porter Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		20.00	20.00 Office Use
3/21/01	Stan Allen 1825 Sheridan Dr. Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		35.00	35.00 Office Use
3/22/01	Mildred Wilson 14 Badeau Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		30.00	30.00 Office Use
3/25/01	Jean Knoche 3514 Eliot Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		35.00	35.00 Office Use
3/30/01	Robert Albright 305 S. Ludington Columbus, WI 53925 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		100.00	100.00 Office Use
3/30/01	Abdula Duli Aidini 239 N. Thompson Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Owner, American Family Restaurant 1201 N. Sherman Madison, WI 53704	150.00	150.00 Office Use
4/2/01	Suzanne Pyle 5 Badeau Circle Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		20.00	20.00 Office Use
4/26/01	LARRY Gleason 1374 Williamson St. Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50.00	50.00 Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 440.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 440.00	

Contributions Including Loans From Individuals

Complete Committee Name
Friends of Dorothy Borchardt

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 contribution exceeds \$100)	Amount	Calendar Year to Date Total
4/2/01	ART LUTKE 4914 McDaniels Ln McFarland, WI 53558 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		100.00	100.00 Office Use
/ /				Office Use
/ /				Office Use
/ /				Office Use
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/ /				Office Use
/ /				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 100.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ -

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ ~~100.00~~
540.00

**RECEIPTS
Contributions from Committees
(Transfers-In)**

Complete Committee Name
Friends of Dorothy Borchardt

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

Date	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
4/1/01	REALTORS ASSOC. of S. Central WI PAC 4801 FOREST Run Madison WI 53704 Check if: <input type="checkbox"/> In-Kind	200.00	200.00	
4/1/01	BUILDING A BETTER WIS. COMM 4868 High Crossing Blvd Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	200.00	200.00	
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 400.00		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 400.00		

Complete Committee Name
Friends of Dorothy Borchardt

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
3/1/2001	US Post office 3301 Milwaukee St MADISON, WI 53704	STAMPS	40.00	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 40.00

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Dorothy Borchardt

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
3/25/01	Friends of Bob Gibbon 1954 E. Washington #5 Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	200.00	200.00	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$		