

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes         No

RECEIVED - CITY OF MADISON  
CLERKS OFFICE

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

09 JUL 21 AM 8:06

**COMMITTEE IDENTIFICATION**

Name of Committee

*FRIENDS OF MARK DEESE*

Street Address

*705 DELLADONNA WAY*

City, State and Zip Code

*MADISON, WI 53704*

OFFICE USE ONLY

WSEB ID Number: *CFD10*

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 20*03*     Pre-Election 20\_\_     Spring     Fall     Special     Termination Report  
*also complete Schedule 4*

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$ <i>1870.-</i>	\$ <i>9216.59</i>	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$ <i>900.-</i>	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>1870.-</i>	\$ <i>10,116.59</i>	\$	\$
<b>2. DISBURSEMENTS</b>				
A. Gross Expenditures	\$ <i>3883.42</i>	\$ <i>8774.03</i>	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>3883.42</i>	\$ <i>8774.03</i>	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>3355.98</i>	\$
Total Receipts	\$ <i>1870.-</i>	\$
Subtotal	\$ <i>5225.98</i>	\$
Total Disbursements	\$ <i>3883.42</i>	\$
<b>CASH BALANCE END OF REPORT</b>	\$ <i>1342.56</i>	\$
<b>INCURRED OBLIGATIONS</b>	\$	\$
(Balance at the Close of This Period)		
<b>LOANS</b> (Balance at the Close of This Period)	\$	\$

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: <i>7-20-03</i>
<i>NICHOLAS C. GEORGE, JR.</i>	<i>N.C. George Jr.</i>	Daytime Phone: <i>608-661-6946</i>

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 MARK DEESE

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 11 03	OTH GOLBAEOT III 222 NORTH ST. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$50	50 Office Use
3-21 11 03	ROSEMARY McCAH 2135 E. Mifflin St. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$5	20 Office Use
3-21 11 03	DAN Soderholm 24 PARGET Rd. MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$50	50 Office Use
3-21 11 03	JAMES MARTING 414 Kensington Dr MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Retired	\$200.-	200 Office Use
3-21 11 03	Scott Smith 4801 ANNAMARK Dr. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$25	25 Office Use
3-21 11 03	Bill Haight 51 Burrows Rd. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	75 Office Use
3-21 11 03	JOE WAY 6509 LANI LN, McFARLAND, WI 53558 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
3-21 11 03	BARB Mercer 509 WOODSTOCK Cir MADISON 53716 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 405.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

## Contributions Including Loans From Individuals

Complete Committee Name

FRIENDS OF MARK DEESC

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 11 03	Richard Lysaker 303 N. Henry St. Madison 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	MANAGER BULL FEATHERS 303 N. Henry St. MADISON 53703	250	250 Office Use
3-21 11 03	Jim Burke 306 E. Verona Ave Verona 53593 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	100	100 Office Use
3-21 11 03	Kent Fritz 153 E. Birmingham Pl. Madison 53715 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	95	95 Office Use
3-21 11 03	LINDSAY STUCK 3050 SHADY OAK VERONA 53597 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	25	25 Office Use
3-21 11 03	GARY GORMAN 1244 S. PARK ST. MADISON 53713 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	GORMAN COMPANY 1244 S. PARK 53713	225	250.- Office Use
3-21 11 03	TOM BUNBURY 5675 Cobblestone Ln MADISON, WI 53597 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	REALTOR	100	100 Office Use
3-21 11 03	MATT MILLER 5201 Running Deer Rd McFarland, WI 53558 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	REALTOR	100	100 Office Use
3-21 11 03	Robert Weber 817 Whispering Oaks MADISON WISCONSIN 53715 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	REALTOR	50	50 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 945.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

RECEIPTS  
Contributions Including Loans From Individuals

Complete Committee Name

FRIENDS OF MARK DEESE

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 11 03	DENNIS HIGHTON 520 CABRILLO CT. VERONA, NJ 07093 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		100	100 Office Use
3-21 11 03	DAN STREIBEL 707 DELLADONNA DR. MADISON NJ 07704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-21 11 03	Kim Streibel 707 DELLADONNA WAY MADISON NJ 07704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		75	75 Office Use
4-1 11 03	Dorothee Pelech 1945 VATTIEN Rd. MADISON NJ 07704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	STATE WORKER DEPT OF ADMINISTRATION 901 E. WILSON ST. MADISON NJ 07703	250	250 Office Use
4-1 11 03	GERALD NOEL 3621 CASCADE Rd. MADISON NJ 07704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
11				Office Use
11				Office Use
11				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 500.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1850.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 20.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1870.00

Complete Committee Name

FRIENDS OF MARK DEESE

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
3-20 01	FIRST CLASS MAILERS 415 1/2 N - FAIR OAKS MADISON 53704	MAILING	\$700	
3-21 03	QUICK SILVER PRESS 2138 PENNSYLVANIA AVE MADISON 53704	Brochure	\$379.94	
3-24 03	POST MASTER MLK BND	STAMPS	\$60.-	
3-24 03	POST MASTER MILWAUKEE, ST.	Brochure MAILING	\$879.1	
3-25 03	FIRST CLASS MAILERS	MAILING	\$308	
3-26	QUICK SILVER PRESS	Brochures	\$883.72	
3-27 03	FLS FROM MESSAGES	QOTV phone CALLS	\$320.-	
3-28 03	FIRST CLASS MAILERS	MAILING	\$902.35	
3-28 03	POST MASTER MLK BND.	STAMPS	\$75.50	
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$3717.42	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$	

DISBURSEMENTS  
Gross Expenditures

Complete Committee Name

FRIENDS OF MARK DEESE

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
4-1 03	Nick George Jr. 705 DELWA BUNNAY WAY MADISON 53704	envelopes, paper, supplies, lunch	\$76.-	
4-1 03	Esquire Club Sherman Ave MADISON 53704	Electin Night DRINKS	\$50.-	
6-30 01	<del>BANK SERVICE CHARGES</del> MET BANK SHERMAN AVE.	checking Account Service charges MARCH - JUNE	\$40.-	
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
11	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 166.-	
TOTAL ITEMIZED EXPENDITURES			\$3883.42	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$3883.42	