

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERKS OFFICE

Is This Report an Amendment: Yes No

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

03 MAR 24 PM 2: 27

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__ Pre-Election 20*03* 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	\$ 5849.-	\$ 7346.59	\$	\$
B. Contributions from Committees (Transfers-In)	\$ 900.-	\$ 900.-	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 6749.-	\$ 8246.59	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 3587.-	\$ 4890.61	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3587.-	\$ 4890.61	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 193.98	\$
Total Receipts	\$ 6749.-	\$
Subtotal	\$ 6942.98	\$
Total Disbursements	\$ 3587.-	\$
CASH BALANCE END OF REPORT	\$ 3355.98	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$	\$
LOANS (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: *3-23-03*

NICHOLAS C. George, JR. *Nick George Jr.*

Daytime Phone: *261-6946*

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 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
2-6 11 03	Phil Bradbury 409 KENSINGTON DR. MAPLE BLUFF 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 100	100 Office Use
2-6 11 03	DON CHAMBERS 1532 Red OAK Ct. MIDDLETON, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 100	100 Office Use
2-6 11 03	JEFFREY HAEN 30 TURNWOOD Cr. VERONA, WI 53593 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 95	95 Office Use
2-6 11 03	GARY GORMAN 1244 PARK ST. MADISON 53715 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
2-6 11 03	TERENCE WALL P.O. BOX 3700 MADISON 53707 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Developer T. WALL Properties 2810 CROSSBARS DR. MADISON 53718	\$ 250	250 Office Use
2-6 11 03	DONNA Miller 2302 N. Sherman Ave MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 50	50 Office Use
2-7 11 03	JOE SODENHAM 37 CAMBRIDGE Rd. MADISON, 53701 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 100	100 Office Use
2-7 11 03	Stanley Allen 1825 Sherman Dr. 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 35	35 Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 755	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	

RECEIPTS
Contributions Including Loans From Individuals

Complete Committee Name
FRYLANDS 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
2-6 11 03	MARY Macht-Brooks 2513 N. Shannon Ave MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
2-6 03	Glean Wilcox 1934 Melrose St. 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 20	20 Office Use
2-6 11 03	Mr. WATZ 1113 Troy Dr. MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 50	50 Office Use
2-6 11 03	Lyle Fenske 3611 ALPINE Rd 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 50	50 Office Use
2-6 11 03	Gayle TRENDAWAY 1934 Thackeray Rd. 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	10 Office Use
2-6 11 03	SARAH BURDGE 1533 Melrose St. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	10 Office Use
2-6 11 03	DOROTHY ABENDROTH 3614 CASCADE Rd 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 50	50 Office Use
2-6 11 03	Shirley Mork 1801 HANLEY St. 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 240	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	

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
2-7 11 03	Eileen Keip 1834 Schilling Ave MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	10 Office Use
2-7 11 03	Rosemary McCall 2135 S. Milllin 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	10 Office Use
2-7 11 03	JUDITH Doyle 1102 Shasta Dr. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
2-7 11 03	Mrs. Guy Webster 1513 Wyldewood Dr. MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 15	15 Office Use
2-7 11 03	DAVID Keller 1102 WINSTON Dr. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 50	50 Office Use
2-7 11 03	ARTHUR Wetke 1865 Northover Dr. #B MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 99	99 Office Use
2-7 11 03	JEFFARY Rosenberg 2024 Westbrook Ln. MADISON WI 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 100	100 Office Use
3-12 03	Pierre McCormick 5321 LIGHTHOUSE BAY MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 359

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 DEESK

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
2-6 11 03	CAROLYN ANDERSON 3610 ALPINE WAY MADISON, WIS 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
2-6 11 03	ANNE STUART 2117 SHENANDOAH DR. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	\$ 10 Office Use
2-6 11 03	CARRY SCHOENHER 3630 CASCADE DR. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 10	10 Office Use
2-14 11 03	JAMES HANNEY 5537 COMANCHE WAY MADISON, 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 100	100 Office Use
2-14 11 03	JOHN McLEAF 304 MAPLE WOOD LANE MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 50	50 Office Use
2-14 11 03	NORMAN FLYNN 6209 WINNEGOAK RD. MONONA, WI 5316 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 25	25 Office Use
2-14 11 03	JAMES IMHOFF 2124 WAUNONA WAY MADISON, 53713 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 50	50 Office Use
2-14 11 03	JOE MURRAY 2753 MILWAUKEE ST. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 50	50 Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 320.-	
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
2-14 11 03	7000 GIBB HAVEN 222 NORTH ST. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 40 -	40 - Office Use
2-14 11 03	LAURIE WATSON JONES 3617 CASCADE RD MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 25	25 Office Use
2-14 11 07	ALAN FEDESCHI 1725 ELKA LN. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 75	75 Office Use
2-14 11 03	PAT STEVENS 516 GRIFFIN ST. LAKE MILLS, WI 53551 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 50	50 Office Use
2-14 11 03	ELIZABETH BUCHER 3829 SWORODKA Rd VERONA, WI 53593 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 100	100 Office Use
2-24 11 03	GILBERT DOCKEN 515 FARWELL DR. MADISON, 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		\$ 99	99 Office Use
2-24 11 03	DON POKORSKI 813 NORTHLAND DR. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		\$ 20	20 Office Use
2-28 11 03	DAVID KELLER 1102 WINGTON DR. MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit	President Keller Real Estate 1102 WINGTON DR. 53711	\$ 100	150 150 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 509. -

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 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
2-28 11 03	ROSEMARY McCall 2185 E. Myrtle St. MADISON 53704		\$ 5	\$15 Office Use
2-28 11 03	Steve Bethke 4807 Dove Tail Dr MADISON, 53704	President Ideal Sales & Manufacturer 4807 Dove Tail Dr. MADISON, 53704	\$ 250	250 Office Use
2-28 11 03	ART NELSON 3602 HOWARD Rd. MADISON 53704		20	20 Office Use
2-28 11 03	JOANNE WALKER 5 Fremont Circle MADISON, WI 53704		25	25 Office Use
2-28 11 03	LARRY OLSON 4522 Hollow Ridge Rd MADISON WI 53704		25	75 Office Use
3-4 11 03	JOHN KAVANAUGH 5046 CAROL DR. WAUNAKEE, WI 53597	OWNER SQUIVA CLUB SLEMAN AVE 53704 MADISON WI	\$150	150 Office Use
3-4 11 03	JAMES KOEB 639 FARWELL DR. MADISON, WI 53704	CHT Properties 505 N. CAROL ST. MADISON 53703	250	250 Office Use
3-4 11 03	MARLENE KOEB 639 FARWELL DR. MADISON, WI 53704	CHT Properties 505 N. CAROL ST. MADISON 53703	250	250 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 975.

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 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
3-4 11 03	Stephen Brown 5434 Whalen Rd. OREGON, WI 53545 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	S. BROWN APARTMENTS 120 W. GORHAM ST. MADISON, WI 53703	\$250	250 Office Use
3-4 11 03	LAUREN BROWN 5434 Whalen Rd. OREGON, WI 53575 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	S. Brown Apartments 120 W. GORHAM ST MADISON WI 53703	\$250	250 Office Use
3-4 11 03	Curtis BRINK 101 ALACIA Rd. MADISON, WI 53717 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	CHI Properties 505 N. CAROL ST. MADISON 53703	\$250	250 Office Use
3-4 11 03	ERIC EWALD 4813 County Trce M. Moscato, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	100	100 Office Use
3-4 11 03	James Nobarbacher 5206 Comanche way MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	50	50 Office Use
3-4 11 03	Rick Petri 5134 Reynolds Ave WAUNAKEE, WI 53597 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	50	50 Office Use
3-4 11 03	Rebecca Anusom 4905 Tonyawatha Tr. MONONA, WI 53716 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	50	50 Office Use
3-4 11 03	Florence Deese 1018 Haven Rd. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	25	25 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1025.-

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
3-4 11 03	Michael Greiber 410 W. OLIN AVE. MADISON, WI 53715 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
3-4 11 03	Tom McKenna 5013 BLACK OAK DR. MADISON, WI 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-4 11 03	Bill Haight 51 BURROWS RD. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-4 11 03	Denis Gayden 2002 SHERMAN DR. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-4 11 03	Rosalie King 1518 GOLF VIEW RD. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-4 11 03	Doris Allen 1825 SHERMAN DR. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
3-4 11 03	Jim Hough 3312 VANDY CR CIR. MIDDLETON, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		75	75 Office Use
3-4 11 03	Jim Mathew 3105 SUNNYSIDE CT MIDDLETON, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		30	30 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 355.-

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 DESS

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
3-4 11 03	Bill Smith 3506 Valley Ridge Rd. Ottobrook, WI 53502 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		30	30 Office Use
3-4 11 03	KATHY KING 5912 Hammsley Rd. MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-4 11 03	BRENDA WIGANOWSKY 1110 N. SHERMAN AVE MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		40	40 Office Use
3-5 11 03	LARRY SHEAHAN 3634 CASCADE RD 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		20	20 Office Use
3-5 11 03	DEB Grambsch 2302 Sheridan Dr. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
3-5 11 03	EARL MIDLINGER 2206 SHEROAN DR. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	KATHRINE SCHWARTZ 3630 CASCADE RD. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		10	10 Office Use
3-5 11 03	Charles Bremigan Jr. 3629 CASCADE Rd MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	50 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 250.-

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 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
3-5 11 03	Florance Knox 1017 Shasta Dr. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		20	20 Office Use
3-5 11 03	JOAN SWEENEY 1416 Sweeney Dr. HOOLETON 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		75	75 Office Use
3-5 11 03	Dale NOLOREN 4602 Yuma Dr. MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	Rosemary Schlicht 1714 Sachajin St. 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		10	10 Office Use
3-5 11 03	DIANE BENJAMIN 3006 Woods Edge Way MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	Steve Crosby 7523 Kickapoo Rd. WAUNAKEE 53597 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	LARRY GLASMAN 1374 Wisconsin St. MADISON 53703 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		25	25 Office Use
3-5 11 03	JAMES HOFFMAN 3026 YARVOUTH GREENWAY FITZBURG 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 331.-	
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
3-5 11 03	FLO ROTH 544 HILLTOP RD. MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		100	100 Office Use
3-5 11 03	Megan ROTH 544 Hilltop Rd. MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		21	21 Office Use
3-5 11 03	Phil Simon 1100 DOVER CT. WAUNAKEE 53597 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	Mike Vilstrup 7966 MATHER Rd. CROSS PLAINS, WI 53528 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		10	10 Office Use
3-5 11 03	TOM WOODWARD 501 N. GANNON RD. MADISON 53717 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use
3-5 11 03	DAMEL LEE W8704 Dupless Rd. POWERS, 53901 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		25	25 Office Use
3-5 11 03	JEROME PASDO 4109 Euclid Ave MADISON 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		50	50 Office Use
3-12 11 03	Mike Theo 420 MARSTON Ave MADISON 53703 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	50 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 356.-

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 MADE DEESK

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
3-12 11 03	JOE MURRAY 2753 Milwaukee St MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit		50	100 Office Use
3-12 11 03	ROBERT HASSBENDER 1507 WALNUT CIR. MIDDLETON, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		100	100 Office Use
3-12 11 03	GAYLE TRADAWAY 1934 Thackeray Rd. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	RETIRED	100	110 Office Use
3-12 11 03	LYLE FENSKE 2641 ALPINE WAY MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	75 Office Use
3-12 11 03	QUINN WILCOX 1934 Melrose St 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		20	40 Office Use
3-12 11 03	WILLIAM ROME 2010 ELKA LN MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		30	30 Office Use
3-12 11 03	RON FEDLER 3221 Hunter Hollow Rd. Doo Seville, WI 53533 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use
3-12 11 03	JANET DEADMAN 3622 Alpine Dr. MADISON 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit		25	25 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 375.-

TOTAL ITEMIZED CONTRIBUTIONS

\$ 5849.-

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 5849.-

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

FRIENDS OF MARK DEESE

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
2-10 03	BORCHARD FOR ALDERSHIP 1717 EUKALAN MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind	\$ 100	\$ 100	
2-17 03	READERS ASSOC. OF S. CENTRAL WI PAC - 4801 FOREST HUN BL. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind	\$ 200	\$ 200	
2-24 03	REEVES 2003 1718 FREMONT AVE MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind	\$ 200	\$ 200	
2-24 03	BUILD A BETTER WI 4868 HIGH CROSSING BLVD. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind	\$ 200	\$ 200	
3-12 03	WI INKKEEP ASSOC. PAC 2134 EAST SPRING DR. MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind	\$ 200	\$ 200	
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
11	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
11	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		\$ 900. ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 900. ⁰⁰		

DISBURSEMENTS
Gross Expenditures

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 of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
2-11 03	US POST OFFICE MILWAUKEE, ST. 53704	MAILING	172.55	
2-11 03	ECONO PRINT 330 LOCUST DR. MADISON, WI 53593	PRINT Brochure	275.15	
2-12 03	FLS PHON MESSAGES	GOTV Phn calls	150.-	
2-13 03	BUDGET SIGNS 2805 UNIVERSITY AVE. MADISON 53705	YARD SIGNS	643.55	
2-15 03	NICK GEORGE JR. 705 DELLAMONNA WAY MADISON, WI 53704		300.-	
2-18 03	ESQUIRE CLUB SMELMAN AVE MADISON 53704	ELECTION NIGHT DRINK & FOOD	35	
2-24 03	CITY TREASURER 2101 MARTIN LUTHER KING Blvd. 53701	MAILING DISK	12 ⁰⁰	
2-24 03	QUICK SILVER PRESS 2138 PENNSYLVANIA AVE MADISON 53704	Brochure	152.92	
2-25 03	FIRST CLASS MAILERS 415 1/2 N. FAIR OAKS MADISON 53714	MAILING	342.86	
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 2084.03	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL 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
2-28 03	EAST EMERSON NEWS 212 5TH ST. MADISON, WI 53704	NEWSLETTER AD	60.-	
3-11 03	ESQUIRE CLUB N-SHERMAN AVE. MADISON, WI 53704	FUND RAISER	50.-	
3-5 03	FIRST CLASS MAILERS 415 1/2 N. FAIR OAKS AVE MADISON, WI 53704	MAILING	500	
3-13 03	QUICK SILVER PRESS 2138 PENNSYLVANIA AVE. MADISON 53704	PRINTING	343.25	
3-17 03	POST MASTER DOWNTOWN OFFICE	STAMPS	74. ⁰⁰	
3-17 03	QUICK SILVER PRESS ABOVE ADDRESS	PRINTING	300.72	
2-28 03	LARRY OLSON 4522 Hollow Lady Rd MADISON, WI 53703	SPECIFIC PURPOSE OF EXPENDITURE LABELS FOR MAILING	25	
3-4 03	JOHN KAWANABE 3096 CARM RD WAINWAKE, WI 53597	SPECIFIC PURPOSE OF EXPENDITURE FOOD & SODA @ FUNDRAISER	150.-	
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			\$ 1562.97	
TOTAL ITEMIZED EXPENDITURES			\$ 3587.	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 3587.-	

ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

Complete Committee Name

FRIENDS OF MARK DESSA

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
1-27-03	NICHOLAS C. GEORGE, JR 705 BELLADONNA WAY MADISON, WI 53704	300.00
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$ 300.00
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$ 300.00

ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$