

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED CITY OF MADISON
CLERKS OFFICE
04 JUN 23 PM 12:28

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

1917 ELKA Lane

City, State and Zip Code

Madison, WI 53704

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 Pre-Primary Spring Fall Special
 July Continuing 2004 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	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 100.00	\$ 100.00	\$	\$
B. Contributions from Committees (Transfers-In)	\$ -	\$ -	\$	\$
C. Other Income and Commercial Loans	\$ -	\$ -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 100.00	\$ 100.00	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ 2068.50	\$ 2068.50	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ 250.00	\$ 250.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2318.50	\$ 2318.50	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2494.55	\$
Total Receipts	\$ 100.00	\$
Subtotal	\$ 2594.55	\$
Total Disbursements	\$ 2318.50	\$
CASH BALANCE END OF REPORT	\$ 276.05	\$
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:
LARRY OLSON	Larry Olson	6/22/04
		Daytime Phone: 294-2366

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.

EB-2 (Rev.5/97) (Ref. 3/98) (Y2K 2/00) This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005.

RECEIPTS
Contributions Including Loans From Individuals

Complete Committee Name
FRIENDS of Dorothy Borchart
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
4/4/04	Jeff Rosenberg 2024 Westbrook Madison, WI 53711	Realtor Midland Realty 2024 Westbrook Madison, WI 53711	100.00	100.00 Office Use
///	Full Name, Mailing Address and ZIP Code 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)	Amount	Calendar Year to Date Total Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total Office Use
///	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total 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	

DISBURSEMENTS
Gross Expenditures

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
5/30/04	City Treasurer 210 Martin Luther King Mason, WI 53109	walking roll list	46.00	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 46.00	
TOTAL ITEMIZED EXPENDITURES	\$ 46.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 22.50	
TOTAL EXPENDITURES	\$ 68.50	

SCHEDULE 2-B

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
2/1/04	Mohrbauch for Co. Bd 5206 Comanche Way Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	50.00	50.00	
2/20/04	Friends of Stats for Co. Bd 415 Leroy Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	100.00	100.00	
4/24/04	Friends of Stats for Co. Bd 415 Leroy Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind	100.00	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
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 250.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 250.00		

SCHEDULE 3-E
ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

 Page 1 of 1

Complete Committee Name

Friends of Orology Bonhardt

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

SCHEDULE 3-F
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
3-14-04	Madison Parks Foundation, Inc. WPCRC Circle of Friends Madison Municipal Bldg 200 Martin Luther King Madison, WI 53710	Closing out campaign committee	2000.00
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$ 2000.00
TOTAL DONATED CONTRIBUTIONS			\$ 2000.00