

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

RECEIVED CITY OF MADISON
CLERKS OFFICE

Is This Report an Amendment: Yes No

04 JUL 16 PM 1:06

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

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF MARK DEASE

Street Address

705 DELLADONNA WAY

City, State and Zip Code

MADISON, WI 53704

OFFICE USE ONLY

WSEB ID Number: *CD10*

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

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

1. RECEIPTS

A. Contributions including Loans from Individuals	\$	\$	\$	\$
B. Contributions from Committees (Transfers-In)	\$ <i>100.00</i>	\$ <i>100.00</i>	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>100.00</i>	\$ <i>100.00</i>	\$	\$

2. DISBURSEMENTS

A. Gross Expenditures	\$ <i>246.99</i>	\$ <i>246.99</i>	\$	\$
B. Contributions to Committees (Transfers-Out)	\$ <i>900.-</i>	\$ <i>900.-</i>	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>1146.99</i>	\$ <i>1146.99</i>	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1342.56</i>	\$
Total Receipts	\$ <i>100.-</i>	\$
Subtotal	\$ <i>1442.56</i>	\$
Total Disbursements	\$ <i>1146.99</i>	\$
CASH BALANCE END OF REPORT	\$ <i>295.57</i>	\$
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:
<i>NICKOLAS C. GEORGE, JR.</i>	<i>Ul George</i>	<i>7-15-04</i>
		Daytime Phone: <i>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.

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
3/30/04	FRIENDS OF Jim Morhacker 5206 Comanche Way MADISON 53704	50.-	50.-	
	Check if: <input type="checkbox"/> In-Kind			
3/30/04	GAU FOR COUNTY BOARD 3039 CASTLEMAN CROSS SUN PRARIE 53590	50.-	50.-	
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$ 100.-

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ 100.-

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

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	Amount	Calendar Year-To-Date Total	Office Use
2/21/04	QAS FOR COUNTY BOARD 2039 CASTLEBROOK CROSSING SUN PRAIRIE 53590 Check if: <input type="checkbox"/> In-Kind	250.-	250.-	
3/6/04	FRIENDS OF TIM HAINBACH 8206 LONANACH WAY MADISON 53704 Check if: <input type="checkbox"/> In-Kind	250.-	250.-	
3/17/04	STATE FOR COUNTY BOARD 415 Leray Rd. MADISON 53704 Check if: <input type="checkbox"/> In-Kind	200.-	200.-	
3/17/04	FRIENDS FOR Eileen Brostente 5134 Reynolds Rd. WAUNAKEE 53597 Check if: <input type="checkbox"/> In-Kind	200.-	200.-	
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
11	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 900.-		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 900.-		