

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED-CITY OF MADISON
CLERKS OFFICE

05 JUL 13 PM 2:01

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

1717 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 2005 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

1A. Contributions (Including Loans) from Individuals

\$

\$

\$

\$

1B. Contributions from Committees (Transfers-In)

\$

\$

\$

\$

1C. Other Income and Commercial Loans

\$

\$

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 0

\$ 0

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 183.55

\$ 183.55

\$

\$

2B. Contributions to Committees (Transfers-Out)

\$ -

\$ -

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 183.55

\$ 183.55

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 283.55

\$

Total Receipts

\$ 0

\$

Subtotal

\$ 283.55

\$

Total Disbursements

\$ 183.55

\$

CASH BALANCE END OF REPORT

\$ 100.00

\$

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0

\$

LOANS (Balance at the Close of This Period-3B)

\$ 0

\$

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

LARRY OLSON

Signature of Candidate or Treasurer

Larry Olson

Date:

7-11-05

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.

SCHEDULE 2-A

**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
3/30/05	Madison Park Foundation c/o Parks Dept 210 Martin Luther Blvd Medison, WI. Check if: <input type="checkbox"/> In-Kind Offset	CONTRIBUTION TO CITY PARKS	183.55	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /	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			\$ 183.55	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$	