

**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.

06 JUL 10 PM 3:06

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Dorothy Borchardt

Street Address

1719 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 06 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

1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$ 0	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 100.00	\$ 100.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 100.00	\$ 100.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 100.00	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 100.00	\$
Total Disbursements	\$ 100.00	\$
CASH BALANCE END OF REPORT	\$ - 0 -	\$
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	Signature of Candidate or Treasurer	Date: 7/5/06
Larry Olson	Larry Olson	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-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
3/15/06	MATHIAK for School Board 716 BORTON CT. MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	25.00	25.00	
3/15/06	Friends of Maya Cole 1818 Keyel Avenue MADISON, WI 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	25.00	25.00	
3/15/06	VORHEES for County Board 431 WESTPORT ROAD MADISON, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	50.00	50.00	
/ /	Full Name Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	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"/> Loan ID#	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"/> Loan ID#	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"/> Loan ID#	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"/> Loan ID#	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"/> Loan ID#	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"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 100.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 100.00		

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Friends of Dorothy Borchardt

WSEB ID Number

CFB50

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
—	—	— 0 —

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
—	—	— 0 —

TERMINATION REQUEST I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Larry Olson

7/6/06

Signature of Candidate or Treasurer

Date