

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

07 JUL 19 AM 10:04

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Sarah Florino

Street Address
4330 Melody Lane #206

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 07 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 -	\$ 587.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ 450.00	\$	\$
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ 1,037.00	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 142.45	\$ 727.27	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 142.45	\$ 727.27	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 646.63	\$
Total Receipts	\$ - 0 -	\$
Subtotal	\$ 646.63	\$
Total Disbursements	\$ 142.45	\$
CASH BALANCE END OF REPORT	\$ 504.18	\$
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 Lori Cretney	Signature of Candidate or Treasurer <i>Lori Cretney</i>	Date: 7/19/07
		Daytime Phone: 261-1899

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Sarah Florino

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
3/28/07	Lao Loan Xang LLC 1146 Williamson St Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Provided food for volunteers after handing out flyers	39.89	
4/3/07	Glass Michel Pizza 2916 Atwood Avenue Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset	Provided food for volunteers after handing out flyers	27.16	
3/26/07	(SEPAO) A.P.S. C.M.E. Council 24 8033 Excelsior Dr, suite C Madison, WI 53717 Check if: <input type="checkbox"/> In-Kind Offset	Returned part of campaign donation in accordance with city of Madison statutes	50.00	
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 117.05	
TOTAL ITEMIZED EXPENDITURES			\$ 117.05	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 25.40	
TOTAL EXPENDITURES			\$ 142.45	

SCHEDULE 3-E

ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

Complete Committee Name

Friends of Sarah Florino

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
3/9/07	A. F. S. C. M. E. Council 24 (SEPAO) 8033 Excelsior Dr. Suite C Madison, WI 53717	\$50.00
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$ 50.00
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$ 50.00

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
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$