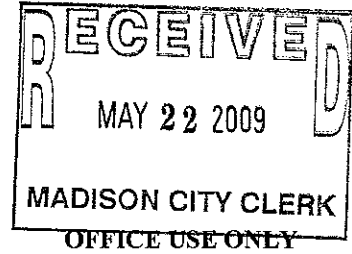


**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

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 Sarah Florino

Street Address

4330 Melody Lane #206

City, State and Zip Code

Madison WI 53704

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     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	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —	\$	\$
1C. Other Income and Commercial Loans	\$ 50.00	\$ 50.00	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 50.00	\$ 50.00	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 459.73	\$ 459.73	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 459.73	\$ 459.73	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 409.73		\$
Total Receipts	\$ 50.00		\$
Subtotal	\$ 459.73		\$
Total Disbursements	\$ 459.73		\$
<b>CASH BALANCE END OF REPORT</b>	\$ 0		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —		\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ —		\$

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 Sarah Florino	Signature of Candidate or Treasurer 	Date: 05/22/09
		Daytime Phone: 608-2136350

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

This form is prescribed by the State Elections Board P O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

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 Source of Income	Type of Income	Amount	Office Use
<i>5/22/09</i>	<i>AFSCME Council 24 (SEPAO) 8033 Excelsior Dr. Suite C Madison WI 53717</i>	<i>check not cashed - returned part of campaign donation per statutes.</i>	<i>50.00</i>	
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<b>SUBTOTAL OTHER INCOME THIS PAGE</b>			\$ <i>50.00</i>	
<b>TOTAL ITEMIZED OTHER INCOME</b>			\$ <i>50.00</i>	
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>			\$ <i>0</i>	
<b>TOTAL OTHER INCOME</b>			\$ <i>50.00</i>	

Complete Committee Name

*Friends of Sarah Horino*

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
<i>5/22/09</i>	<i>Second Harvest Food Bank of So. Wisconsin 2802 Dairy Dr / Madison WI 53718</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Donation of remaining funds to terminate campaign</i>	<i>453.28</i>	
/ /	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
/ /	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** \$ *453.28*

**TOTAL ITEMIZED EXPENDITURES** \$ *453.28*

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** \$ *6.45*

**TOTAL EXPENDITURES** \$ *459.73*

**SCHEDULE 3-E****ADDITIONAL DISCLOSURE**  
Contributions Returned to ContributorPage 2 of 3

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
<b>SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS</b>		<b>\$</b>
<b>TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS</b>		<b>\$</b>
<b>TOTAL RETURNED CONTRIBUTIONS</b>		<b>\$</b>

**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
<u>5/22/09</u>	<u>Second Harvest food Bank of Southern Wisconsin 2802 Dairy Drive Madison WI 53714</u>	<u>To terminate campaign. Amount includes \$150.00 check not cashed, originally returned per statutes.</u>	<u>453.28</u>
<b>SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS</b>			<b>\$ <u>453.28</u></b>
<b>TOTAL DONATED CONTRIBUTIONS</b>			<b>\$ <u>453.28</u></b>

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name

Friends of Sarah Florino

WSEB ID Number

- 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
5/22/09	Second Harvest Food Bank of Southern Wisconsin 2802 Dairy Drive / Madison WI 53718	453.28

**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

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.



Signature of Candidate or Treasurer

05/22/09

Date

**Re: Explanation of Difference in Cash Balance Carryover for Termination Report**

The Cash Balance Beginning of Report amount for the Campaign Termination Report differs from the Cash Balance End of Report, July Continuing 2007, due to an error made in the Cash Balance Beginning of Report on the Pre-Election 2007 Report- Amendment. The cash summary amounts should have been reported as follows (please note that no miscalculations were made in Total Receipts and Total Disbursements):

**Pre-Primary 2007 Cash Summary (No Errors):**

		Amount Stated on Forms
Cash Balance at Beginning for Report		\$100.00
Total Receipts		\$360.00
Subtotal		\$460.00
Total Disbursements		\$94.45
Cash Balance End of Report		\$365.55

**Pre-Election 2007 (Amended Form) Cash Summary:**

	Correct Amount	Amount Stated on Forms
Cash Balance at Beginning for Report	\$365.55	\$460.00
Total Receipts		\$677.00
Subtotal	\$1042.55	\$1137.00
Total Disbursements		\$490.37
Cash Balance End of Report	\$552.18	\$646.63

**July Continuing 2007 Cash Summary:**

	Correct Amount	Amount Stated on Forms
Cash Balance at Beginning for Report	\$552.18	\$646.63
Total Receipts		\$0.00
Subtotal	\$552.18	\$646.63
Total Disbursements		\$142.45
Cash Balance End of Report	\$409.73	\$504.18