

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

W.S.E.B. ID Number

Spring  Fall  Special Pre-Primary \_\_\_\_\_  Continuing Report due Jan. 31, 2009  
 Spring  Fall  Special Pre-Election \_\_\_\_\_  Continuing Report due July 20, \_\_\_\_\_

Name of Candidate or Committee (in full) JAMES ELY  
Address (number and street) 4713 MANDRAKE RD  
City, State, Zip MADISON WI 53704

I certify that the above named committee or candidate did not receive contributions or other income make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec 11.06(9), Stats.

Signature of Committee Treasurer or Candidate	Date	Daytime Phone
<u>James Ely</u>	<u>01-20-09</u>	<u>608-244-4947</u>

EB-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)

RECEIVED  
JAN 21 2009  
MADISON CITY CLERK



## Office of the City Clerk

Room 103  
210 Martin Luther King, Jr Boulevard  
Madison, Wisconsin 53703-3342  
PH 608 266 4601  
FAX 608 266 4666  
TTY/Textnet 866 704 2340  
[www.cityofmadison.com/clerk](http://www.cityofmadison.com/clerk)

January 16, 2009

CFE10  
FRIENDS OF JAMES ELY  
DOROTHY BORCHARDT TREASURER  
1717 ELKA LN  
MADISON WI 53704

Pursuant to Wisconsin State Statute 11.20, you are hereby notified of the requirement to file a campaign finance report. The report required at this time is the **“January Continuing 2009 Campaign Finance Report.”**

Finance report forms are sent to the treasurer of a campaign committee or to a candidate serving as the treasurer of his/her own committee. The short form (EB-2a) may be used if you did not receive contributions, make disbursements, or incur obligations during the reporting period. The long form (EB-2) must be used if there were any transactions.

**Electronic filing does not replace hard copy.  
You must submit a hard copy of your report by the filing deadline of February 2, 2009.**

**File with:** City Clerk, on behalf of the Madison Metropolitan School District  
210 Martin Luther King, Jr. Blvd., Room 103  
Madison, Wisconsin 53703-3342

**Reporting:** July 1, 2008 - December 31, 2008

**Deadline:** February 2, 2009

The penalties for failure to file the Campaign Finance Reports are stated in Wisconsin Statute 11.60 and 11.61. Any person, including any committee or group, who violates this chapter may be required to forfeit not more than \$500 for each violation. In addition, any person, including any committee or group, who is delinquent in filing a report may be required to forfeit not more than \$50 or one percent of the annual salary of the office for which the candidate is being supported or opposed, whichever is greater, for each day of delinquency. **State Statute 11.22(5) requires that a list of delinquents be available for public inspection.** This list is posted in the City Clerk's Office, and on our website

Forms, manuals and additional resources can be found on our campaign finance website at <http://www.cityofmadison.com/election/candidateResources/campaignFinance>. The campaign finance manual prepared by the Government Accountability Board is linked to this website, and hard copies are available from our office upon request.

**You are responsible for familiarizing yourself with the campaign finance requirements that apply to your committee/campaign,** which you may obtain from either the Wisconsin Statutes or from your private attorney. In carrying out the election duties assigned by State Statute, local officials/filing officers do not represent candidates or committees. Accordingly, it may be necessary for you to direct some specific questions about your campaign finance obligations to the Government Accountability Board. Keep in mind that the information you receive may not be interpreted as legal advice or a release from your responsibility to comply with the law



## Office of the City Clerk

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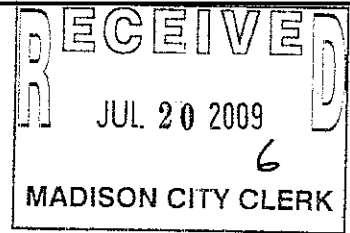
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**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

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 JAMES ELY*

Street Address

*4713 MANDRAKE RD*

City State and Zip Code

*MADISON WI 53704-1733*

WSEB ID Number:

OFFICE USE ONLY

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	\$ 0	\$ 100.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 100.00	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 100.00	\$ 100.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
<b>TOTAL DISBURSEMENTS</b> (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		\$
<b>CASH BALANCE END OF REPORT</b>	\$ 0		\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0		\$
<b>LOANS</b> (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: <i>07-20-2009</i>
<i>JAMES G. ELY</i>	<i>James G. Ely</i>	Daytime Phone: <i>608-244-2947</i>

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 JAMES ELY**

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

Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 0	
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$ 0	
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>			\$ 0	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$ 0	

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name  
FRIENDS OF JAMES ELY

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
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/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		<b>\$ 0</b>		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		<b>\$ 0</b>		

**SCHEDULE 1-C**

**RECEIPTS**  
Other Income and Commercial Loans

Complete Committee Name  
**FRIENDS OF JAMES ELY**

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
/ /				
/ /				
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<b>SUBTOTAL OTHER INCOME THIS PAGE</b>			<b>\$ 0</b>	
<b>TOTAL ITEMIZED OTHER INCOME</b>			<b>\$ 0</b>	
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>			<b>\$ 0</b>	
<b>TOTAL OTHER INCOME</b>			<b>\$ 0</b>	

Complete Committee Name  
**FRIENDS OF JAMES ELY**

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
03 109	JAMES G. ELY 4713 MANDRAKE RD MADISON WI 53704	CONTRIBUTION RETURNED/ REFUNDED	100.00	
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$100.00	
TOTAL ITEMIZED EXPENDITURES			\$100.00	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$0	
TOTAL EXPENDITURES			\$100.00	

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name  
FRIENDS OF JAMES ELY

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 0		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 0		

**SCHEDULE 3-A**

**ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans**

Complete Committee Name

*FRIENDS OF JAMES ELY*

Instructions for completing schedules are on the back of each schedule

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
Date	Full Name Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
<b>SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE</b>					<b>\$ 0</b>	
<b>TOTAL ITEMIZED OBLIGATIONS</b>					<b>\$ 0</b>	
<b>TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS</b>					<b>\$ 0</b>	
<b>TOTAL INCURRED OBLIGATIONS</b>					<b>\$ 0</b>	

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Complete Committee Name  
FRIENDS OF JAMES ELY

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

Date	Full Name Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$0

TOTAL OUTSTANDING LOANS \$0

**ADDITIONAL DISCLOSURE**  
In-Kind Estimates

Complete Committee Name  
*FRIENDS OF JAMES ELY*

**SCHEDULE 3-C**

**Estimated Value of In-Kind Contributions Received  
From Individuals and Committees**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

**SCHEDULE 3-D**

**Estimated Value of In-Kind Contributions Given  
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only

**SCHEDULE 3-E****ADDITIONAL DISCLOSURE**  
Contributions Returned to ContributorPage 1 of 1

Complete Committee Name

FRIENDS OF JAMES ELY

Instructions for completing schedules are on the back of each schedule

Date of Original Contribution	Name and Address of Contributor	Amount Returned
<u>12-27-2007</u>	<u>JAMES ELY 4713 MANDRAKE RD. MADISON, WI 53704</u>	<u>100.00</u>
<b>SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS</b>		<b>\$ <u>100.00</u></b>
<b>TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS</b>		<b>\$ <u>0</u></b>
<b>TOTAL RETURNED CONTRIBUTIONS</b>		<b>\$ <u>100.00</u></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
<b>SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS</b>			<b>\$</b>
<b>TOTAL DONATED CONTRIBUTIONS</b>			<b>\$</b>



**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
**FRIENDS OF JAMES ELY**

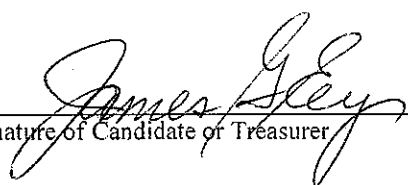
WSEB ID Number

- 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
03-2009	JAMES G. ELY	\$100.00

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

07-20-2009  
 Date