CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

1-1-11 to 6-30-11

Is This Report an Amendment: ☐ Yes ☑ No

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

MILWAUKEE COUNTY ELECTION COMMISSION
2011 JUL 19 A 10:18
RECEIVED
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Mark Borkowski

Street Address: 3650 S. Sunset Drive

City, State and Zip Code: Milwaukee WI 53220

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 2011 ☐ 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	$ —	$ —	$ —	$ —
1B. Contributions from Committees (Transfers-In)	$ —	$ —	$ —	$ —
1C. Other Income and Commercial Loans	$ —	$ —	$ —	$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ —	$ —	$ —	$ —
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 30.00	$ 30.00	$ 30.00	$ 30.00
2B. Contributions to Committees (Transfers-Out)	$ —	$ —	$ —	$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 30.00	$ 30.00	$ 30.00	$ 30.00

CASH SUMMARY

Cash Balance Beginning of Report	$ 457.76	$ 457.76
Total Receipts	$ —	$ —
Subtotal	$ 457.76	$ 457.76
Total Disbursements	$ 30.00	$ 30.00
CASH BALANCE END OF REPORT	$ 427.76	$ 427.76
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —	$ —
LOANS (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	Signature of Candidate or Treasurer	Date: 7/18/11
Travis L. Smith		Daytime Phone: 414 333-7238

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 Mark Borkowski

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
/ /	Check if: ☐ In-Kind Offset			
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
		SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$	
		TOTAL ITEMIZED EXPENDITURES	$	
		TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 30.00	30.00
		TOTAL EXPENDITURES	$ 30.00	30.00