

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

1-1-13 to 6-30-13

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2013 JUL 22 A 10:03

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Mark Borkowski

Street Address

3650 S. SUNSET DRIVE

City, State and Zip Code

Milwaukee WI 53220

RECEIVED *AC*

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 2013 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
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	\$ 20.00	\$ 20.00
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 20.00	\$ 20.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 350.69
Total Receipts	\$ - 0 -
Subtotal	\$ 350.69
Total Disbursements	\$ 20.00
CASH BALANCE END OF REPORT	\$ 330.69
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

DAVID L. SMITH

Signature of Candidate or Treasurer

[Signature]

Date: 7/17/13

Daytime Phone: 262-252-8218

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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Mark Barkowski

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
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
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/ /	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ *20.00*

TOTAL EXPENDITURES

\$ *20.00*