

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

7-1-13 to 12-31-13  
MILWAUKEE COUNTY  
ELECTION COMMISSION  
2014 JAN 30 A 7 56  
**RECEIVED**  
OFFICE USE ONLY

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 Mark Borkowski  
Street Address: 3650 S. SUNSET DRIVE  
City, State and Zip Code: MILWAUKEE WI 53220

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 2014     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
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ - 0 -
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 -	\$ - 0 -
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 30.00	\$ 50.00
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 30.00	\$ 50.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 330.69
Total Receipts	\$ - 0 -
Subtotal	\$ 330.69
Total Disbursements	\$ 30.00
<b>CASH BALANCE END OF REPORT</b>	\$ 300.69
<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 <u>DAVID L. SMITH</u>	Signature of Candidate or Treasurer <u>[Signature]</u>	Date: <u>1/28/14</u> 262 252-8218 Daytime Phone:
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**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.

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

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE**

\$

**TOTAL ITEMIZED EXPENDITURES**

\$

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

\$ 30.00

**TOTAL EXPENDITURES**

\$ 30.00