CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2011 FEB -8 P 4:20
RECEIVED

Is This Report an Amendment: ☒ Yes ☐ No

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

OFFICE USE ONLY

WSEB ID Number:

COMMITTEE IDENTIFICATION

Name of Committee: Friend of Chanisha Allen for 10th District County Supervisor

Street Address: 2546 N 17th

City, State and Zip Code: Milwaukee, WI 53206

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 2011 ☐ 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	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	$ 16000	$	$	$
1B. Contributions from Committees (Transfers-In)	$ 2200	$	$	$
1C. Other Income and Commercial Loans	$	$	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 18200	$	$	$
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 16228	$	$	$
2B. Contributions to Committees (Transfers-Out)	$ –	$	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 16228	$	$	$

CASH SUMMARY

Cash Balance Beginning of Report	$ 0	$
Total Receipts	$ 18200	$
Subtotal	$ 18200	$
Total Disbursements	$ 16228	$
CASH BALANCE END OF REPORT	$ 1972	$
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: Chanisha Allen

Signature of Candidate or Treasurer: [signature] Date: 2/8/11

Daytime Phone: 414-419-0241

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
Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

SB-2 Rev 06/07

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Page ___ of ___

Complete Committee Name
Friends of Charisha Allen for County Board Supervisor 10th

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
1/30/11	Ebony Martinez 1627 N 27th S Milwaukee, WI 53209 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	1627 N 27th St Milwaukee Homemaker	$50.00	Office Use
1/31/11	Bill Williams Sr 2905 N 17th Milwaukee WI 53206 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	2905 N 17th St. Milwaukee, WI 53206 Butcher	$50.00	Office Use
1/31/11	Kay Loveladt 3546 N 39th Milwaukee, WI 53206 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	3546 N 39th St Milwaukee WI 53206 Teacher	$60.00	Office Use
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			Office Use
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			Office Use
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			Office Use
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			Office Use
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$
TOTAL ITEMIZED CONTRIBUTIONS	$ 160.00
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 160.00

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page ____ of ____

Complete Committee Name

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
2/1/11	Mothers of the Struggles 7822 N 16th St Milwaukee Check if: ☒ In-Kind ☐ Loan ID#	$22.00	2/1/11	
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$		
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$ 22.00		

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

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
2/5/11	Weber Printing Check if: ☐ In-Kind Offset	Literature	$182.00	
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$
TOTAL EXPENDITURES	$