1-1-11 to 1-31-11

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

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

MILWAUKEE COUNTY ELECTION COMMISSION
2011 FEB -7 A 11:21
RECEIVED
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Lee Holloway For County Exec

Street Address: 2836 N. Grant Blvd

City, State and Zip Code: Milwaukee, WI 53210

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 ____ ☐ 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	$ 6,975.00	$	$	$
1B. Contributions from Committees (Transfers-In)	$ 7,000.00	$	$	$
1C. Other Income and Commercial Loans	$	$	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 13,975.00	$	$	$
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 7,591.50	$	$	$
2B. Contributions to Committees (Transfers-Out)	$	$	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$	$	$	$

CASH SUMMARY

Cash Balance Beginning of Report	$	$
Total Receipts	$ 13,975.00	$
Subtotal	$	$
Total Disbursements	$ 7,591.50	$
CASH BALANCE END OF REPORT	$ 6,383.50	$
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: 02-07-2011
Glenn J. Ross	Glenn J Ross	Daytime Phone: (414)378-2793

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.

Date 1-A	Name, Address, Zip	Receipts	Amount
1/28/11	Kamala Singh 16325 Shagbark Ln Brookfield, WI 53005		$ 500.00
1/28/11	Mathew Tharaniyil 14415 W Meadowshire Dr. New Berlin, WI 53151		$ 200.00
1/27/11	Leroy Freeman 7048 N. 99th St. Milwaukee, WI 53224		$ 25.00
1-25-11	Carl Gee 1920 W. Capitol Dr. Milw. WI 53206		$ 100.00
1-26-11	Parmjit Jaspal 11400 N. Justin Dr. Mequon, WI 53092		$ 50.00

Date: 1-A	Name, Address, Zip	Receipt #	Amount
1-26-11	Shelia Peyton 2835 W. Juneau Ave Milwaukee, WI 53208		$25.00
1-28-11	Darlene Roberson 7469 N. 51st Blvd Milw. WI 53223		$25.00
1-25-11	James Smith 2503 N. 4th St. Milw. WI 53212		$100.00
1-24-11	Ruby Snowden 4515 N. 24th St. Milw. WI 53209		$50.00
1-24-11	McArthur Wedolle 3738 N. 40th St. Milw. WI 53216		$100.00
1-21-11	Jason Holloway 1900 South Eads St. Apt. 427 Arlington, VA 22202		$500.00

Supervisory ~~Contract~~ Contract ~~Officer~~ Specialist
2200 Crystal Dr.

Date 1-A	Name, Address, zip Receipts	Amount
1/12/11	Jacqueline Rogers 2260 W. Good Hope RD Unit 135 Glendale, WI 53209	$ 100.00
1/13/11	Nicole Jackson 2327 W. Daphne Rd Glendale, WI 53209	$ 100.00
1/7/11	John Finerty Attorney-At-Law 330 E. Kilbourn Ave. Milwaukee, WI 53202	$ 500.00
1/10/12	unknown	$ 250.00

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

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
1/28/11	Harold Gee 905 W. Fairy Chasm Rd Unit 206 Milw. WI 53217 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Insurance Agent ~~Unknown~~	$3,000.00	
1/19/11	Lillie McPherson 2804 Paseo Cancon W Covina, CA 91792 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Retired ~~Unknown~~	$150.00	
1/19/11	Ike Edwards 3904 W. River Lane Brown Deer, WI 53223 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	$250.00	
1/23/11	Karl Rajani Trustee 5614 Gatewood Lane Greendale, WI 53129 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	$500.00	
1/28/11	Adetoye Adewiye N97 W14981 Burning Bush Ct Germantown, WI 53022 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	$100.00	
1/28/11	Theophilus Iyasele W142 N7288 Oakwood Drive Menomonee Falls, WI 53051 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	$100.00	
1/28/11	R. Malas 6249 W. Brown Deer Rd Brown Deer, WI 53223 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	$150.00	
1/28/11	Christian Nwonye W154 N6293 Marvel Dr. Menomonee Falls, WI 53051 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	unknown	100.00	

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

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
/ /	Friends of Lee Holloway For County Exec 2836 N. Grant Blvd Milw. WI 53210 Check if: ☐ In-Kind ☐ Loan ID#	$7,000.00		
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
Date / /	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	$		

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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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SUBTOTAL OTHER INCOME THIS PAGE	$	
TOTAL ITEMIZED OTHER INCOME	$	
TOTAL UNITEMIZED OTHER INCOME $20 OR LESS	$	
TOTAL OTHER INCOME	$	

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
1/17/11	Annette Glover PO Box 090396 Milw. WI 53209 Check if: ☐ In-Kind Offset	Office	$95.00	
1/19/11	SP Design and Assoc 2004 N. MLK Ave. Milw. WI 53212 Check if: ☐ In-Kind Offset	Printing	$886.24	
1/21/11	SP Design and Assoc 2004 N. MLK Ave. Milw. WI 53212 Check if: ☐ In-Kind Offset	Printing	$3,880.26	
1/21/11	US Post Master Check if: ☐ In-Kind Offset	Postage	$880.00	
1/29/11	Annette Glover PO Box 090396 Milw. WI 53209 Check if: ☐ In-Kind Offset	Office	$125.00	
1/29/11	Shirley White 9433 N. 49th St. #201 Brown Deer, WI 53223 Check if: ☐ In-Kind Offset	Office	$100.00	
1/25/11	Annette Glover P.O. Box 090396 Milw. WI 53209 Check if: ☐ In-Kind Offset	Office	$125.00	
1/26/11	Data Farm Consulting 12932 W. Glacier Dr. Evansville, WI 53536 Check if: ☐ In-Kind Offset	Data	$1,500.00	
/ /	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	$ 7,591.50	
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$	
TOTAL EXPENDITURES	$ 7,591.50	