CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

MILWAUKEE COUNTY
ELECTION COMMISSION
2011 FEB -7 P 1:12
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: Friends of T. Spencer

Street Address: 8630 N. Regent Ct.

City, State and Zip Code: Fox Point, WI 53217-2365

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	$ 1,606.91	$ 1,606.91	$	$
1B. Contributions from Committees (Transfers-In)	$	$	$	$
1C. Other Income and Commercial Loans	$	$	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 1,606.91	$ 1,606.91	$	$
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 940.76	$ 940.76	$	$
2B. Contributions to Committees (Transfers-Out)	$	$	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 940.76	$ 940.76	$	$

CASH SUMMARY

Cash Balance Beginning of Report	$ 0.00	$
Total Receipts	$ 1,606.91	$
Subtotal	$ 1,606.91	$
Total Disbursements	$ 940.76	$
CASH BALANCE END OF REPORT	$ 666.15	$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$	$
LOANS (Balance at the Close of This Period-3B)	$ 1,517.64	$

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:
Elmer C. Anderson	Elmer C. Anderson	February 4, 2011
		Daytime Phone: (414) 352-0153

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

EB-2 Rev 06/07

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of T. Spencer

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
1/04/11	Tearman Spencer 3818A N. 24th St. Milwaukee, WI 53206 Check if: ☐ In-Kind ☐ Conduit ☒ Loan	CANDIDATE (LOAN)	$1,517.64	
1/18/11	Timothy Luckett 2865 N. Richards St. Milwaukee, WI 53212 Check if: ☒ In-Kind ☐ Conduit ☐ Loan		74.27	
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			
/ /	Check if: ☐ In-Kind ☐ Conduit ☐ Loan			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 1,591.91	
TOTAL ITEMIZED CONTRIBUTIONS	$ 1,591.91	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ 15.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 1,606.91	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of T. Spencer

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
1/18/11	Timothy Luckett 2865 N. Richards St. Milwaukee, WI 53206 Check if: ☒ In-Kind Offset	Food for campaign mtg.	$ 74.27	
1/24/11	The Xchange Inc. 19070 Emerald Dr. Brookfield, WI 53045 Check if: ☐ In-Kind Offset	Printing brochures & yard signs	834.24	
1/31/11	Associated Bank 5350 W. Fond du Lac Ave. Milwaukee, WI 53216 Check if: ☐ In-Kind Offset	Check printing	32.25	
/ /	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	$ 940.76	
TOTAL ITEMIZED EXPENDITURES	$ 940.76	
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$	
TOTAL EXPENDITURES	$ 940.76	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans
Individual, Committee or Commercial

Complete Committee Name: Friends of T. Spencer

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1,04,11	Tearman Spencer 3818A N. 24th St. Milwaukee, Wi 53206	$ 0.00	$1,517.64	$ 0.00	$1,517.64

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Name and Address of Employer / Amount Guaranteed Outstanding
	$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	$ 1,517.64
TOTAL OUTSTANDING LOANS	$ 1,517.64