

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2014 OCT 27 A 10:43

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 CHARLIE FOX

Street Address

2920 W Mc KINLEY BLVD.

City, State and Zip Code

MILWAUKEE WI 53208

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

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 11108.54	\$ 13640.54
1B. Contributions from Committees (Transfers-In)	\$ 500. -	\$ 800. -
1C. Other Income and Commercial Loans	\$ -	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 11608.54	\$ 14440.54

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 11336.81	\$ 13239.53
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ 25.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 11336.81	\$ 13264.53

CASH SUMMARY

Cash Balance Beginning of Report	\$ 904.28
Total Receipts	\$ 11608.54
Subtotal	\$ 12512.82
Total Disbursements	\$ 11336.81
CASH BALANCE END OF REPORT	\$ 1176.01
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 2500. -

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 JOYCE ANN SEISER	Signature of Candidate or Treasurer <i>Joyce Ann Seiser</i>	Date: 10/27/2014
	Email	Daytime Phone: 933-6189

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.

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
7/14/14	CHARLES E. FOX 2920 W Mc KINLEY BLVD. MILLW 53208	CANDIDATE	500.-	500.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
7/15/14	CHARLES E. FOX "	"	1.82	501.82
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
7/16/14	CHARLES E. FOX "	"	500.-	1001.82
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/5/14	CHARLES E. FOX "	"	19.60	1021.42
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/9/14	CHARLES E. FOX "	"	70.60	1092.02
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/15/14	CHARLES E. FOX "	"	3.22	1095.24
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/29/14	CHARLES E. FOX "	"	31.29	1626.53
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/29/14	CHARLES E. FOX "	"	29.38	1655.91
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 1155.91

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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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
8/21/14	CHARLES E. FOX 2920 W. MCKINLEY BLVD MILLW 53208	BLVD CANDIDATE	20.-	1675.91
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
9/1/14	CHARLES E. FOX "	"	24.91	1700.82
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
9/3/14	CHARLES E. FOX "	"	26.30	1727.12
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
9/3/14	CHARLES E. FOX "	"	46.54	1773.66
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/24/14	CHARLES E. FOX "	"	500.-	1595.24
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/1/14	CHARLES E. FOX "	"	2000.-	3773.66
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
5/14/14	NANCY ANDERSON 51545 CTY RD W INDEPENDENCE WI 54747		50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/7/14	MANDELA BARNES 4700 N PORT WASHINGTON RD MILLW WI 53217	LEGISLATOR STATE OF WI	50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: ACT BLUE		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$2777.75

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/14/14	MANDELA BARNES 4800 N PORT WASHINGTON MILL W1 53217 RD	LEGISLATOR STATE OF WI	100.-	150.-
10/4/14	JOSEPH BILLINGS 5023 N BERKELEY BLVD WHITEFISH BAY W1 53217	FACTORY MANAGER	85.-	85.-
9/30/14	MICHAEL BAKERLEE 94 BRYN MAWR CIR FOND DU LAC W1 54935	DEVELOPER MERCURY MARINE W6250 PIONEER RD FOND DU LAC W1 54935	524.88	524.88
8/26/14	ELIZABETH BREWER 7037 N FAIRCHILD CIR FOX POINT W1 53217		100.-	100.-
10/13/14	ALAN BROSTOFF 3000 N STOWELL AVE MILL W1 53211		50.-	50.-
10/13/14	MARISABEL CABRERA PO Box 44344 MILL W1 53214		100.-	100.-
10/20/14	DENNIS CONTA 925 E WELLS ST #917 MILL W1 53202	NOT EMPLOYED	200.-	200.-
10/13/14	HANNAH DUGAN 5004 W WISCONSIN AVE MILL W1 53208		100.-	100.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1259.88

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/13/14	DAVID FEISS 7915 W. MARY ELLEN PL. WALLWATOSA WI 53213		25.-	25.-
8/20/14	MATTHEW FLYNN 2720 E. BRADFORD AVE. MILWAUKEE WI 53211	LAWYER D. CHARLES & BRADY 411 E WISCONSIN AVE MILWAUKEE WI 53202 STE 2400	500.-	500.-
9/8/14	JAMES FOX 844 AVENIDA DE LAS ONDES LA JOLLA CA 92037	RETIRED	250.-	250.-
7/9/14	JANICE GIFFORD 7813 W CLARKE ST. WALLWATOSA WI 53213	RETIRED	100.-	200.-
8/3/14	JANICE GIFFORD "	"	100.-	300.-
9/9/14	JANICE GIFFORD "	"	100.-	400.-
10/4/14	JANICE GIFFORD "	"	100.-	500.-
8/30/14	GARY GOYKE 130 LAKEWOOD BLVD MADISON WI 53704	SELF-EMPLOYED CONSULTANT & LOBBYIST GOYKE & ASSOCIATES 130 LAKEWOOD BLVD. MADISON WI 53704	250.-	500.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1485.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/12/14	BILL HANEL 2827 W. MCKINLEY BLVD. MILLW WI 53208		25.-	25.-
10/13/14	PAUL JAKUBOVICH 5400 W VINE ST. MILLW WI 53208		150.-	150.-
10/4/14	JILI JIANG 5023 N BERKELEY BLVD MILLW WI 53217		100.-	100.-
8/21/14	DONELLE JOHNSON 1610 N PROSPECT AVE #404 MILLW WI 53202		50.-	50.-
9/5/14	DANIS KELLY 5650 N RIVER FOREST DR. MILLW WI 53209		70.-	70.-
10/13/14	MARY KELLY 2754 N HACKETT AVE MILLW WI 53211		25.-	25.-
9/23/14	BRENDA LEWISON 1219 N 46 ST. MILLW WI 53208		50.-	50.-
10/13/14	PHILLIP TODD LOE 3725 S MARCY ST MILLW WI 53228		100.-	100.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 520.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
7/15/14	SHARON MANEY 4048 S PINE AVE MILWAU WI 53207		100.-	100.-
7/31/14	Laurie Maney 610 LAKEVIEW AVE. SOUTH MILWAUKEE WI 53172	NONE	200.	200.-
10/16/14	JAMES MAULDER 3707 W KILBOURN AVE MILWAU WI 53208		25.-	25.-
10/17/14	MICHAEL MERUIS 710 N PLANKINTON AVE STE 1200 MILWAU WI 53203		100.-	100.-
7/20/14	THERON MILLS 2527 S. KINNICKINNIE AVE MILWAU WI 53207		25.-	75.-
10/13/14	THERON MILLS "		20.-	95.-
9/23/14	MAYHOLA MOLLA 1642 N 16 ST MILWAU WI 53206		100.-	100.-
10/10/14	PATRICIA MUELLER 4502 N MARTIN DR MILWAU WI 53208		50.-	50.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 620.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
7/12/14	KIMBERLY NAPOLITANO 444 11 ST HERMOSA BEACH CA 90254		100.-	100.-
7/10/14	CHEZ ORDONEZ 4727 W LLOYD ST. MILW WI 53208		50.-	50.-
7/31/14	BARBARA PATTERSON 7481 N BEACH DR. FOX POINT WI 53217		500.-	500.-
9/23/14	CLEO PRUITT 2471 N MARYLAND AVE MILW WI 53211		25.-	25.-
8/25/14	DAVID RIEMER 505 W WASHINGTON BLVD MILW WI 53208		50.-	50.-
10/2/14	DAVID RIEMER "		50.-	100.-
9/23/14	CHRISTOPHER ROCKWOOD 2448 N 73 ST WALLWATERA WI 53213		50.-	50.-
10/20/14	CHRISTOPHER ROCKWOOD "		50.-	100.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 875.-

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
7/9/14	PAUL ROSSMAN 3970 N OAKLAND AVE STE 703 SHOREWOOD WI 53211		50.-	50.-
8/30/14	NANCY ROTTIER 132 LAKEWOOD BLVD. MADISON WI 53704	LAWYER STATE OF WI PO BOX 1688 MADISON WI 53701	150.-	400.-
10/13/14	NANCY ROTTIER " "	LI	100.-	500.-
10/13/14	LAMAR AMOS-SIKORA 5901 W BROWN DEER RD #112 BROWN DEER WI 53223		50.-	50.-
10/20/14	AVERA SINCLAIR 3204 W DAKOTA ST. MILWAU WI 53215		50.-	50.-
10/20/14	PAVAE SINCLAIR 9489 BROOKFIELD ST. WALDORF MD 20603		100.-	100.-
9/13/14	BARRY SLAGLE 1231 N 44 ST MILWAU WI 53208		100.-	100.-
10/4/14	MARY LOUISE STEBBINS 3377 N CRAWMER ST MILWAU WI 53211		25.-	25.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$625.-
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
9/23/14	JILL STEPHENS 2815 N CAMDEN LN BROOKFIELD WI 53045	RADIOLOGIST AURORA/HEALTHCARE 4025 N 92 ST WALLWATUSA WI 53092	150.-	150.-
7/2/14	CECIL SUTPHEN 2828 S. PINE AVE MILW WI 53207	RETIRED	100.-	100.-
7/9/14	CECIL SUTPHEN "	"	50.-	150.-
10/9/14	MONA SUTPHEN 1925 7th AVE NEW YORK NY 10036	CONSULTING MACRO ADVISORY PARTNERS LLC 21 WEST 46th NEW YORK NY 10036	500.-	500.-
10/17/14	DAVID SUTPHEN 7475 WISCONSIN AVE BETHESDA MD 20814	STRATEGIC COMMUNICATIONS BRUNSWICK GROUP 1099 NEW YORK AVE WASHINGTON DC 20001	250.-	250.-
10/10/14	MARGARET MURPHY 1902 N 49 ST MILW WI 53208		180.-	180.-
9/6/14	ATHAN THEODARIS 8527 N. MANOR LN MILW WI 53217		25.-	25.-
10/9/14	NICHOLAS TOMAN 1111 N ASTOR ST APT 81 MILW WI 53202		50.-	50.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$1225.-
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
7/21/14	GRACE WHITE 6225 MINERAL POINT RD APT A-20 MADISON WI 53705		25.-	25.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/9/14	CLYDE WILLIAMS 1925 74 AVE NEW YORK NY 10026	CONSULTING CERTUS ADVISORS 1925 74 AVE NEW YORK NY 10026	500.-	500.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: ACT BLUE		
7/10/14	NANCY WONG 3834 RAWHIDE RD ROCKLIN CA 95677		100.-	100.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/4/14	DANIEL ZAGRODNIK 12232 W MORGAN OAK DR GREENFIELD WI 53228		50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
10/13/14	RACHEL SIMONCA 924 E NORTH AVE MILWAU WI 53212		10.-	10.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$685.-

TOTAL ITEMIZED CONTRIBUTIONS

\$1108.54

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1108.54

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
8/2/14	BAUMAN FOR ALDERMAN COMMITTEE 856 N 29 ST MILWAU 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.-	250.-
9/16/14	FRIENDS OF JONATHAN BROSTOFF PO BOX 511316 MILWAU 53203 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.-	250.-
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ **500.-**

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ **500.-**

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
8/24/14	CHARLES E FOX 2920 W MCKINLEY BLVD MILWAU WI 53208	0	500	-	500

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
10/1/14	CHARLES E. FOX "	0	2000	-	2500

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 \$ 2500.-
TOTAL OUTSTANDING LOANS \$ 2500.-

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
7/15/14	MID CITY POST OFFICE 3421 WILLET ST. MILW WI 53209 Check if: <input checked="" type="checkbox"/> In-Kind Offset	POSTAGE	1.82
8/5/14	MID CITY POST OFFICE Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	19.60
8/9/14	MID CITY POST OFFICE Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	70.60
8/15/14	MAIN POST OFFICE ST PAUL MILW WI Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	3.22
8/29/14	METCALFE'S SENTRY 6700 W STATE ST WALLWATOSA WI 53213 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FOOD FOR 8/30 ICE CREAM SOCIAL	31.29
8/31/14	KOHL'S BROOKFIELD WI Check if: <input checked="" type="checkbox"/> In-Kind Offset	THANK YOU CARDS	20.-
9/1/14	FED EX OFFICE 829 N MAYFAIR RD MILW WI 53226 Check if: <input checked="" type="checkbox"/> In-Kind Offset	PRINTING MAPS	24.91
9/3/14	FED EX OFFICE Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	26.30
9/3/14	OFFICE MAX 2103 S. MILLER PARK WAY WEST MILW WI 53224 Check if: <input checked="" type="checkbox"/> In-Kind Offset	OFFICE SUPPLIES	46.54

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 244.28

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE ROX

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
7/8/14	CITY OF MILW	PARKING	3.00
	Check if: <input type="checkbox"/> In-Kind Offset		
8/14/14	CITY OF MILW	"	2.00
	Check if: <input type="checkbox"/> In-Kind Offset		
7/1/14	OFFICE MAX 12140 W BURLINGHAM RD. WALLWATOSA WI 53013	FILE TOTE	18.47
	Check if: <input type="checkbox"/> In-Kind Offset		
7/6/14	ACT BLUE TECHNICAL SERVICES 366 SUMMER ST. SOMERVILLE MA 02144	SERVICE FEE	1.98
	Check if: <input type="checkbox"/> In-Kind Offset		
8/3/14	ACT BLUE	"	1.98
	Check if: <input type="checkbox"/> In-Kind Offset		
8/24/14	ACT BLUE	"	1.98
	Check if: <input type="checkbox"/> In-Kind Offset		
10/3/14	ACT BLUE	"	43.46
	Check if: <input type="checkbox"/> In-Kind Offset		
10/12/14	ACT BLUE	"	9.88
	Check if: <input type="checkbox"/> In-Kind Offset		
10/15/14	ACT BLUE	"	13.83
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 965.8

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
7/11/14	PAULIE'S PLACE 500 N BROADWAY MILW WI 53202	PARKING	10.00
7/14/14	THIRD SECTOR CREATIVE 7667 W STATE ST. WALWATOSA WI 53213	CAMPAIGN MARKETING CONSULTANT CONTRACT	1200.-
8/25/14	THIRD SECTOR CREATIVE "	"	1200.-
10/10/14	THIRD SECTOR CREATIVE "	"	600.-
10/14/14	THIRD SECTOR CREATIVE "	"	600.-
7/15/14	JOHNNY ZAGRODNIK 2860 N MURRAY AVE MILW WI 53211	CAMPAIGN COORDINATOR	250.-
8/1/14	JOHNNY ZAGRODNIK "	"	250.-
9/6/14	JOHNNY ZAGRODNIK "	"	250.-
10/3/14	JOHNNY ZAGRODNIK "	"	250.-
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 4610.-
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
8/29/14	SAM'S CLUB WEST ALLIS, WI	ENVELOPES	20.83
8/30/14	SAM'S CLUB " "	FOOD & SUPPLIES FOR 9/5 ICE CREAM SOCIAL	32.22
9/5/14	SAM'S CLUB " "	FOOD & BEVERAGES FOR 9/5 FUNDRAISER	77.60
10/3/14	SAM'S CLUB " "	FOOD & BEVERAGES FOR 10/4 FUNDRAISER	123.46
7/16/14	UNION COPY CENTERS 3060 S 43 ST MILWAU WI 63219	PRINTING LIT	142.56
8/1/14	UNION COPY CENTERS " "	PRINTING LIT, THANK YOU CARDS	163.68
8/7/14	UNION COPY CENTERS " "	PRINTING LIT	158.40
10/10/14	UNION COPY CENTERS " "	PRINTING BUSINESS CARDS	105.60
7/23/14	MAIN POST OFFICE ST PAUL AVE MILWAU WI	POSTAGE	20.23

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 844.58

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/3/14	MAIN POST OFFICE ST. PAUL AVE MILW WI	STAMPS	136.00
	Check if: <input type="checkbox"/> In-Kind Offset		
10/6/14	MAIN POST OFFICE "	POSTAGE	4.55
	Check if: <input type="checkbox"/> In-Kind Offset		
7/24/14	OFFICE MAX 3100 S MILLER PARK WAY WEST MILWAUKEE WI 53214	OFFICE SUPPLIES	24.26
	Check if: <input type="checkbox"/> In-Kind Offset		
8/2/14	OFFICE MAX "	"	29.23
	Check if: <input type="checkbox"/> In-Kind Offset		
8/10/14	OFFICE MAX "	"	45.89
	Check if: <input type="checkbox"/> In-Kind Offset		
9/25/14	OFFICE MAX	"	61.24
	Check if: <input type="checkbox"/> In-Kind Offset		
7/31/14	INTERSTATE PARKING MILW WI	PARKING	2.25
	Check if: <input type="checkbox"/> In-Kind Offset		
8/1/14	MID CITY POSTAL STATION 3421 W VLIET ST. MILW WI 53208	STAMPS	98.00
	Check if: <input type="checkbox"/> In-Kind Offset		
8/19/14	MID CITY POSTAL STATION "	POSTAGE	15.40
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 416.82

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
1 1 9/29/14	MID CITY POST OFFICE 3421 W VILLET ST. MILW WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	STAMPS & POSTAGE	54.74
1 1 10/9/14	MID CITY POST OFFICE " Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	49.00
1 1 8/15/14	MADIK HINES 338 N MILWAUKEE ST STE 208 MILW WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	PHOTOGRAPHY	250.-
1 1 8/19/14	JIMMY JOHNS MILW WI Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR VOLS	16.02
1 1 8/21/14	CHINA TASTE 749 N 27 ST MILW WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR VOLS	32.85
1 1 10/9/14	CHINA TASTE 759 " Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR CAMPAIGN COMMITTEE	22.51
1 1 9/5/14	METCALFE'S SENTRY 6700 W STATE ST. WALWATOSA WI 53213 Check if: <input type="checkbox"/> In-Kind Offset	FOOD & BEVERAGES FOR 9/5 FUNDRAISER	24.26
1 1 10/3/14	METCALFE'S SENTRY " Check if: <input type="checkbox"/> In-Kind Offset	BEVERAGES FOR 10/4 FUNDRAISER	14.23
1 1 8/29/14	6ES MARKETPLACE 2064 MILLER PARK WAY WEST MILWAUKEE WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	FOOD & SUPPLIES FOR 9/5 ICE CREAM SOCIAL	58.31
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 521.92
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
8/31/14	THE MAREK GROUP W228 N 821 WESTMOUND DR WALKESHA WI 53186	PRINTING FLYER	310.-
9/10/14	THE MAREK GROUP	PRINTING FLYER	385.45
10/3/14	THE MAREK GROUP	PRINTING MAILER	908.18
10/2/14	THE MAREK GROUP	POSTAGE FOR MAILER	440.50
10/3/14	THE MAREK GROUP	PRINTING OF POSTCARD INVITATIONS	309.41
10/11/14	THE MAREK GROUP	PRINTING NEW LIT FOR DOORS	660.01
9/24/14	ENVOY RESTAURANT 2308 W WISCONSIN AVE MILWAU WI	FOOD FOR FUNDRAISER	43.20
9/30/14	MICHAEL BLAKESLEE 94 BRYN MAWR CIR LOND DU LAE WI 54935	FIXED PRICE HOSTING/DEVELOPMENT OF WEBSITE	524.88
10/1/14	LESINGER'S SAUSAGE 1030 OLD WORLD THIRD ST. MILWAU WI 53203	FOOD FOR 10/4 FUNDRAISER	53.54

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 3635.17

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/7/14	MILWAUKEE SAIL LOFT 649 E ERIE ST MILWAUKEE WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR CAMPAIGN COMMITTEE	148.38
10/13/14	MILWAUKEE SAIL LOFT " " Check if: <input type="checkbox"/> In-Kind Offset	BAR TAB FOR FUNDRAISER	110.-
10/13/14	MILWAUKEE SAIL LOFT " " Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR FUNDRAISER	429.70
8/15/14	JOHNNY ZAGRODNIK 2860 N MURRAY AVE MILWAUKEE WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN COORDINATOR	250.-
8/29/14	CHARLIE FOX 2900 W MCKINLEY BLVD MILWAUKEE WI 53208 Check if: <input checked="" type="checkbox"/> In-Kind Offset	BEVERAGES FOR 9/5 ICE CREAM SOCIAL	29.38

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 967.46
TOTAL ITEMIZED EXPENDITURES	\$ 11336.81
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$
TOTAL EXPENDITURES	\$ 11336.81