

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2015 JUL 20 P 4: 03

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF KHALIF RAINEY

Street Address

P.O. BOX 18612

City, State and Zip Code

MILWAUKEE, WI 53218

RECEIVED
OFFICE USE ONLY

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 2015 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	\$ 0	\$ 14,200.08
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 4,037.30
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 18,837.38

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 110.88	\$ 17,420.91
2B. Contributions to Committees (Transfers-Out)	\$ 275.00	\$ 766.87
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 385.88	\$ 18,187.78

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,035.48
Total Receipts	\$ 0
Subtotal	\$ 1,035.48
Total Disbursements	\$ 385.88
CASH BALANCE END OF REPORT	\$ 649.60
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (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 Charlotte Y. Cannon-Sain	Signature of Candidate or Treasurer 	Date: 7/15/2015
Email: ccannon@sain.org		Daytime Phone: 414-345-2528

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.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Names
FRIENDS OF KHALE RAINY

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
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

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)

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF KHALIF RAHOCY

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
6/19/15	WEBER PRINTING 3048 N 34th ST MILWAUKEE, WI 53210	PROMOTIONAL ITEMS - MAGNETS	110.88
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	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		
/ /	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		
/ /	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		
/ /	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		
/ /	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		
/ /	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		
/ /	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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 110.88
TOTAL ITEMIZED EXPENDITURES	\$ 110.88
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 0
TOTAL EXPENDITURES	\$ 110.88

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
01/14/15	SUPREMOORE OMO KUNDE 901 N 6TH STREET STE 201 MILWAU 53233	DONATION \$75.00	\$75.00
3/16/15	MARTIN WEDDIE 1929 N 28th Street MILWAU, WI 53208	DONATION \$100.00	\$250.00
4/21/15	OWEN MOORE MOORE FOR CONGRESS 110 D STREET SE#12 WASHINGTON DC 20003	DONATION \$100.00	\$100.00
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 275.00	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 275.00	

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
FRIENDS OF KATHIE RAINY

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$
TOTAL ITEMIZED OBLIGATIONS	\$
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$
TOTAL INCURRED OBLIGATIONS	\$

SCHEDULE 3-B

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name
FRIENDS OF KHALIF RAINY

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
/ /					

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 \$

TOTAL OUTSTANDING LOANS \$