

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

11-15-11 to 12-31-11

Is This Report an Amendment: Yes No

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

MILWAUKEE COUNTY
ELECTION COMMISSION

2012 JAN 31 P 3:08

RECEIVED
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Jermaine A Buckner

Street Address

PO Box 76237

City, State and Zip Code

Milwaukee, WI 53216

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	\$ 355	\$ 355	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 355	\$ 355	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 215.65	\$ 215.65	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 215.65	\$ 215.65	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$ 355	\$
Subtotal	\$ 355	\$
Total Disbursements	\$ 215.65	\$
CASH BALANCE END OF REPORT	\$ 139.35	\$
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:
Jermaine A. Buckner	Jermaine Buckner / Linda Knight CPA	1/31/12
Daytime Phone: 414 897-1092		

The information on this form is required by ss.11.06, 11.09, 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

RECEIPTS
Contributions (Including Loans) From Individuals

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
11/15/12	Jermaine Buckner PO Box 76237 Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan	JP Landscaping 2881 N. 32nd St Milwaukee, WI 53210	\$35.00	\$35.00 Office Use
12/6/12	Jermaine Buckner PO Box 76237 Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan	JP Landscaping 2881 N. 32nd St Milwaukee, WI 53210	\$200.00	\$200.00 Office Use
12/30/12	Jermaine Buckner PO Box 76237 Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input checked="" type="checkbox"/> Loan	JP Landscaping 2881 N. 32nd St Milwaukee, WI 53210	\$120.00	\$120.00 Office Use
1 / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	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 / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	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 / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	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 / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	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 / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 255	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 255	

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
12/20/11	Kbs Kings Graphics 3125 Kenmore Ave Racine, WI Check if: <input checked="" type="checkbox"/> In-Kind Offset	Graphic Design Printing	200.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$