

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

7-1-11 to 12-31-11

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

COMMITTEE IDENTIFICATION

2012 JAN 26 P 1:41

Name of Committee

FRIENDS OF WILLIE JOHNSON, JR

RECEIVED
OFFICE USE ONLY

Street Address

3869 NORTH HUMBOLDT BLVD, APT #206

City, State and Zip Code

MILWAUKEE, WISCONSIN 53212

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	\$	\$ 150.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$ 150.00	\$	\$
1C. Other Income and Commercial Loans	\$.28	\$ 4.85	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.28	\$ 304.85	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 10.00	\$ 16.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ 400.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 210.00	\$ 416.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1302.96	\$
Total Receipts	\$.28	\$
Subtotal	\$ 1303.24	\$
Total Disbursements	\$ 210.00	\$
CASH BALANCE END OF REPORT	\$ 1093.24	\$
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	Signature of Candidate or Treasurer	Date:
Ronnie D. Hart	Ronnie D. Hart	1/24/12
		Daytime Phone: 414-630-6232

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

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
FRIENDS OF WILLIE JOHNSON, JR

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
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$ 0	
TOTAL ITEMIZED OTHER INCOME			\$ 0	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$.28	
TOTAL OTHER INCOME			\$.28	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF Willie Johnson, JR

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
7.21.11	Sandy Pasch for Senate 6807 N Green Bay Ave Glendale WI 53209 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FEE FOR Certified money order	\$ 5.00	
8.18.11	Committee to Elect Lerner C. TAYLOR PO Box 11705 Shorewood WI 53211 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Fee For Certified money order	\$ 5.00	
/ /	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

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 10.00

TOTAL ITEMIZED EXPENDITURES \$ 10.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 10.00

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF WILLIE JOHNSON, JR

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	Office Use
7/21/11	Sandy Pasch FOR STATE SENATE 1607 N Green Bay Ave Green Bay WI 53209 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	\$ 100.00	\$ 100.00	
8/18/11	Comm to Ernest Lena C. Taylor P O Box 11705 Shorewood WI 53211 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	\$ 100.00	\$ 100.00	
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 200.00		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 200.00		