

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

Is This Report an Amendment: Yes No

2014 JAN 31 A 10:09

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

RECEIVED

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Peggy Ross West

Street Address

2512 W Greenfield Ave

City, State and Zip Code

Milwaukee, WI 53204

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 2014 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	\$ 400.00	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ 177.26	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 577.26	\$

2. DISBURSEMENTS

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

CASH SUMMARY

Cash Balance Beginning of Report	\$ 673.59
Total Receipts	\$ 577.26
Subtotal	\$ 1250.85
Total Disbursements	\$ 375.66
CASH BALANCE END OF REPORT	\$ 875.19
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

1/31/14 11:10AM
 Left a voice mail message for Jay Reinke to submit an amended CFR with more detail on Schedules 1A and 1C and 2A. *AC*

I certify that I have examined this report and to the best of my knowledge and belief

Type or Print Name of Candidate or Treasurer

Jay Reinke

Signature of Candidate or Treasurer

Jay Reinke

Daytime Phone: 414-771-7070 x16

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Peggy Rose West

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
7/28/13	Rick Kohen 115 W. Silver Spring Dr. Milw. WI 53217	President / CEO Connections Tickets	400 -	
	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 400 -

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Peggy Rome West

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
8/8/13	UMOS PO Box 01429 Milw WI 53204	Reimbursement	177.26
/ /			
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/ /			

SUBTOTAL OTHER INCOME THIS PAGE \$ 177.26

TOTAL ITEMIZED OTHER INCOME \$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$

177.26

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Pessy Home West

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
7/22/13	Sprint wireless www.sprint.com Check If: <input type="checkbox"/> In-Kind Offset	Phone	100.-
8/15/13	Michaels 3555 S. 27th St MILW WI 53221 Check If: <input type="checkbox"/> In-Kind Offset	Community Event	19.92
8/15/13	Dollar Tree 6798 W. Greenfield Ave West Allis, WI 53214 Check If: <input type="checkbox"/> In-Kind Offset	Community Event	32.21
8/15/13	Walmart 3555 S. 27th St MILW WI 53215 Check If: <input type="checkbox"/> In-Kind Offset	Community Event	85.25
8/17/13	Factory Card Outlet 6716 W Greenfield Ave West Allis, WI 53214 Check If: <input type="checkbox"/> In-Kind Offset	Community Event	39.98
8/12/13	Hostgator.com Check If: <input type="checkbox"/> In-Kind Offset	Domain Name Community Event	15.00
8/23/13	Hostgator.com Check If: <input type="checkbox"/> In-Kind Offset	Annual Fee	83.40
1/1	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
1/1	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

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 275.66

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$ 275.66