CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2011 JUL 20 P 1:01
RECEIVED

Is This Report an Amendment: ☐ Yes ☐ No

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

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Lee Holloway for County Supervisor

Street Address: 2836 N. Grant Blvd.

City, State and Zip Code: Milwaukee, WI 53210

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	$ 0	$ 0	$ —	$ —
1B. Contributions from Committees (Transfers-In)	$ 0	$ 0	$ —	$ —
1C. Other Income and Commercial Loans	$ 0	$ 0	$ —	$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 0	$ 0	$ —	$ —
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 65.00	$ 299.00	$ 65.00	$ 65.00
2B. Contributions to Committees (Transfers-Out)	$ 7,000.00	$ 7,150.00	$ 7000.00	$ 7000.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 7,065.00	$ 7449.00	$ 7065.00	$ 7065.00

CASH SUMMARY

Cash Balance Beginning of Report	$ 8,830.96	$ 8830.96
Total Receipts	$ 0	$ —
Subtotal	$ 8,830.96	$ 8830.96
Total Disbursements	$ 7,065.00	$ 7065.00
CASH BALANCE END OF REPORT	$ 1,765.96	$ 1765.96
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 0	$ —
LOANS (Balance at the Close of This Period-3B)	$ 6350.00	$ 6350.00

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: 7-14-2011
Lynda Holloway	Lynda Holloway	Daytime Phone: 414-873-0132

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
Website: elections.state.wi.us e-mail: seb@seb.state.wi.us

EB-2 Rev 06/07

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Lee Holloway for County Supervisor

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
6/10/11	M&I BANK P.O. BOX 2045 MILWI WI 53201 Check if: ☐ In-Kind Offset	ANALYSIS SERVICE CHARGE	65.00	
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			
/ /	Check if: ☐ In-Kind Offset			

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$	
TOTAL ITEMIZED EXPENDITURES	$	
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$	
TOTAL EXPENDITURES	$ 65.00	65.00

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Lee Holloway for County Supervisor

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
/ /	Friends of Lee Holloway for County Exec Check if: ☐ In-Kind ☐ Loan ID#	$7,000.00	$7,000.00	
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	7838 W. Grant Blvd Milw. WI 53210 Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	Check if: ☐ In-Kind ☐ Loan ID#			
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	$		
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	$ 7,000.00		7000.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name: Friends of Lee Holloway for County Supervisor

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
6/1/11	Lee Holloway 2836 N. Grant Blvd. Milw. WI 53210	$6,350.00			$6,350.00

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
	$
	$

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
	$
	$

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
	$
	$

SUBTOTAL OUTSTANDING LOANS THIS PAGE $

TOTAL OUTSTANDING LOANS $ 6,350.00