



Complete Committee Name  
**Bowen4Action**

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
1/31/13	Sarah Noble 2457 N. Grant Blvd. Milwaukee, WI. 53210	Managing Director	\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Bruce Colburn 705 N. Farwell Milwaukee, WI. 53211		\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Kenya Evans 2611 N. 74 <sup>th</sup> St. Apt. 4 Wauwatosa, WI. 53213	Freelance Writer	\$20.00	\$20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Gary R. Goyke 130 Lakewood Blvd. Madison, WI. 53704		\$250.00	\$250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Kai Gardner 930 W. Montclair Ave. Glendale, WI. 53217	Advocate	\$60.00	\$60.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Tristan Gross 5823 W. Appleton Ave. #2 Milwaukee, WI. 53210	Consultant	\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			
1/31/13	Jovan Goodman 9051F N. 95 <sup>th</sup> St. Milwaukee, WI. 53224	Case Manager	\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit      Conduit Name: _____			

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ 505.00	\$ 505.00
\$	
\$	
\$	

**TOTAL ITEMIZED CONTRIBUTIONS**

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**Bowen4Action**

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Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
1/31/13	Sandra Roberson 5227 N. 44 <sup>th</sup> Street Milwaukee, WI. 53218  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Unemployed  Conduit Name: _____	\$100.00	\$100.00
1/31/13	Diana & Kenroy Kerr 8911A N. Swan Rd. Milwaukee, WI. 53224  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	  Conduit Name: _____	\$20.00	\$20.00
1/31/13	Devon Ellis 4458 N. 71 <sup>st</sup> St. Milwaukee, WI. 53218  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	  Conduit Name: _____	\$50.00	\$50.00
1/31/13	Wilford & Sonia Gayle 3011 N. 40 <sup>th</sup> St. Madison, WI. 53210  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Retired  Conduit Name: _____	\$15.00	\$15.00
1/31/13	Kelsey & Khary Jeffers 1550 N. Warren Ave., Apt. 115 Milwaukee, WI. 53202  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	  Conduit Name: _____	\$25.00	\$25.00
1/31/13	Andrea R. Adkins 2023 W. Vienna Ave. Milwaukee, WI. 53206  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	  Conduit Name: _____	\$20.00	\$20.00
1/22/13	John T. McCarthy 8207 W. Brookside Pl. Wauwatosa, WI. 53213  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	  Conduit Name: _____	\$25.00	\$25.00

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ 255.00      \$ 255.00

**TOTAL ITEMIZED CONTRIBUTIONS**

\$                      \$

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$                      \$

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$                      \$

- OVER -

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>			\$	
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>			\$	



Complete Committee Name  
**Bowen4Action**

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
1/04/13	WIX.Com  Check if: <input type="checkbox"/> In-Kind Offset	Website	\$99.00
1/18/13	Office Depot  Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser Supplies	\$35.88
1/18/13	Great Impressions  Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser Invitations	\$ 115.10
1/22/13	USPS  Check if: <input type="checkbox"/> In-Kind Offset	Postage (stamps)/mailing	\$9.03
1/30/13	Pick N'Save  Check if: <input type="checkbox"/> In-Kind Offset	Food for fundraiser	\$42.08
1/31/13	Family Dollar  Check if: <input type="checkbox"/> In-Kind Offset	Fundraising supplies	\$28.41
1/31/13	Trader Joe's  Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser-Beverages	\$37.89
1/31/13	Dollar Tree  Check if: <input type="checkbox"/> In-Kind Offset	Fundraising supplies	\$33.79
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			<b>\$ 401.18</b>
<b>TOTAL ITEMIZED EXPENDITURES</b>			<b>\$ 401.18</b>
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			<b>\$</b>
<b>TOTAL EXPENDITURES</b>			<b>\$ 401.18</b>

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name

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

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>			\$	
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>			\$	

**Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

Complete Committee Name

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

		Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Obligations 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**

\$

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

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations 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 Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations 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 Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations 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** \$

