

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

1-1-13 to 6-30-13

Is This Report an Amendment:     Yes                     No

Received 7.22.13  
AC

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

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Peggy Ramo West

Street Address

2512 W. Greenfield Ave

City, State and Zip Code

Milwaukee WI 53207

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     Pre-Primary     Spring     Fall     Special  
 July Continuing 2013     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	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 421.07	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 421.07	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 1094.66
Total Receipts	\$ 0
Subtotal	\$ 1094.66
Total Disbursements	\$ 421.07
<b>CASH BALANCE END OF REPORT</b>	\$ 673.59
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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 <b>Jay Reinke</b>	Signature of Candidate or Treasurer <i>Jay Reinke</i>	Date: 7-22-13 Daytime Phone: 414-771-9828
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**NOTE:** 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.

**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
1/29/13	Sprint.com Check if: <input type="checkbox"/> In-Kind Offset	phone	97.00
3/29/13	Sprint.com Check if: <input type="checkbox"/> In-Kind Offset	phone	100.00
4/29/13	Sprint.com Check if: <input type="checkbox"/> In-Kind Offset	phone	189.15
6/10/13	Walmart West <del>W</del> Milwaukee, WI Check if: <input type="checkbox"/> In-Kind Offset	Pride Fest Supplies	34.92
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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			\$ 421.07
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 421.07