

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

1-1-12 to 2-6-12

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 FEB 13 P 3:22

Name of Committee

Friends of Dan Cody

RECEIVED

Street Address

1436 N. 52nd Street

City, State and Zip Code

Milwaukee, WI 53208

WSEB ID Number:

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 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	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 850 ⁰⁰	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 500 ⁰⁰	\$	\$	\$
1C. Other Income and Commercial Loans	\$ -	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1350⁰⁰	\$	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 616.37	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ -	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 616.37	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3064.93	\$
Total Receipts	\$ 1350 ⁰⁰	\$
Subtotal	\$ 4414.93	\$
Total Disbursements	\$ 616.37	\$
CASH BALANCE END OF REPORT	\$ 3798.56	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -	\$
LOANS (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	Signature of Candidate or Treasurer	Date:
Nancy Penn	Nancy Penn	2/12/12
		Daytime Phone: 414 774 6503

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

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Dan Cody

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
11/1/12	Carley Osland 1026 110th Ave Elkton, SD 57026 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
11/1/12	David Wanninge N. 52nd St Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		35 ⁰⁰	35 ⁰⁰ Office Use
11/1/12	Kerri Snyder 2104 9th Avenue Kasson, MN 55944 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		25 ⁰⁰	25 ⁰⁰ Office Use
1/5/12	Ken Mobile 2252 N. 60th St Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		25 ⁰⁰	25 ⁰⁰ Office Use
1/12/12	Jim Goulee 4457 N. 116th St Wauwatosa, WI 53225 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
1/13/12	Joseph Cynthia Whiten 3142 N. 94th Milwaukee, WI 53222 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		25 ⁰⁰	25 ⁰⁰ Office Use
1/25/12	Susan Maronck 614 N. 54th St Milwaukee 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
1/25/12	William Dunner 5109 W. Washington Blvd Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 310 ⁰⁰	310 ⁰⁰
TOTAL ITEMIZED CONTRIBUTIONS			\$ 310 ⁰⁰	310 ⁰⁰
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Dan Cody

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
1'25'12	Cheri Briscoe 1800 N. Prospect St Milwaukee, WI 53202	Retired	100 ⁰⁰	100 ⁰⁰ Office Use
1'29'12	Martha Love 1846 W. Cherry St Milwaukee, WI 53205	Consultant Martha Love Assn. 1846 W. Cherry St Milwaukee, WI 53205	100 ⁰⁰	100 ⁰⁰ Office Use
1'30'12	Chris Hau 1531 N. 50th St Milwaukee, WI 53208	Project Manager Quorum Architects 3112 W. Highland Milwaukee, WI 53208	100 ⁰⁰	100 ⁰⁰ Office Use
2'6'12	HARUKI TOYAMA 177 N. 86th St Wauwatosa, WI 53226		50 ⁰⁰	50 ⁰⁰ Office Use
2'6'12	Benjamin Brukman 3779 N. 85th St Milwaukee, WI 53202		50 ⁰⁰	50 ⁰⁰ Office Use
2'6'12	JOE CAPREZ W251 N 4978 Beloit Street Pewaukee, WI 53072		40 ⁰⁰	40 ⁰⁰ Office Use
2'2'12	John Lunz 5900 N. Dexter Ave Milwaukee 53205	Retired	100 ⁰⁰	100 ⁰⁰ Office Use
1'1'				Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 440 ⁰⁰	540 ⁰⁰
TOTAL ITEMIZED CONTRIBUTIONS			\$ 850 ⁰⁰	850 ⁰⁰
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 850 ⁰⁰	850 ⁰⁰

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Dan Cody

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1'9'12	Broderick for County Board 3517 N. Prospect Ave Milwaukee, WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	100 ⁰⁰	100 ⁰⁰	
1'9'12	ATU Local 998 - COPE 5025 Wisconsin Ave Washington, DC 20016 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	200 ⁰⁰	200 ⁰⁰	
1'20'12	Friends of Christopher Larson 3261 S. Herman St Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	100 ⁰⁰	100 ⁰⁰	
2'2'12	ATF Wisconsin 6602 Normandy Lane Madison WI 53719 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	200 ⁰⁰	200 ⁰⁰	
1 1	Full Name of Committee, 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
1 1	Full Name of Committee, 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
1 1	Full Name of Committee, 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
1 1	Full Name of Committee, 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
1 1	Full Name of Committee, 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
1 1	Full Name of Committee, 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
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 500 ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 500 ⁰⁰		

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Dan Cody

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
11/9/12	Source N/A			
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SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Dan Cody

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
1/9/12	509 R 553 E. DOVER ST MILWAUKEE, WI 53208	Campaign Consulting	500.00	
2/6/12	PayPal fees 2211 N. FIRST ST SAN JOSE, CA 95131	Auto deduction of fees for contributions	9.19	
2/3/12	Dan Cody 1436 N. 52nd MILWAUKEE, WI 53208	Postage and Printing	107.18	
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 616.37
TOTAL ITEMIZED EXPENDITURES	\$ 616.37
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$
TOTAL EXPENDITURES	\$ 616.37

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Dan Cody

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
/ /	N/A Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
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/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	/ / Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u>0</u>		

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
Friends OF Dan Cody

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date / /	Full Name, Mailing Address and Zip Code of Creditor <u>N/A</u>					
		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					\$ <u>0</u>	

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Dan Cody

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
	N/A				

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 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 \$
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 \$
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	\$ <u>0</u>

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

Complete Committee Name
Friends of Dan Cody

SCHEDULE 3-C

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
	N/A					

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year-to-Date Total (All Contributions)	Office Use Only
	N/A				

SCHEDULE 3-E

ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

Complete Committee Name
Friends of Dan Cody

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$ <u>0</u>

SCHEDULE 3-F

ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$ <u>0</u>