

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

1-1-12 to 3-19-12
MILWAUKEE COUNTY
ELECTION COMMISSION
2012 MAR 26 A 9 25
RECEIVED *JRW*
OFFICE USE ONLY

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

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Peggy Romo West

Street Address
2512 W Greenfield Ave.

City, State and Zip Code
Milw WI 53207

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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 4823.13	\$ 4823.13
1B. Contributions from Committees (Transfers-In)	\$ 995.13	\$ 995.13
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 5818.26	\$ 5818.26
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 2757.28	\$ 2757.28
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2757.28	\$ 2757.28

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2286.50
Total Receipts	\$ 5818.26
Subtotal	\$ 8104.76
Total Disbursements	\$ 2757.28
CASH BALANCE END OF REPORT	\$ 5347.48
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 <i>Jay Reinke</i>	Signature of Candidate or Treasurer <i>Jay Reinke</i>	Date: <i>3-24-12</i>
		Daytime Phone: <i>414-774-9828</i>

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.

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Pessy Romo 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
2/29/12	Carmen Aiello 283 Cardinal Ridge Dr. Pewaukee 53072		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Lugman Asad 7015 N. Bennett Ave 53219	Retired	350.00	350 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Samer Asad 7015 W. Bennett Ave 53219	Owner ENVY Nightclub 715 S. 5th St.	500.00	500 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Nedda Avila 2855 S. 8th St. 53215		75.00	75 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Candelaria Berg 1009 S. 30th St 53215		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Ricardo Bianco 3033 W. Hayes Ave 53215		50.00	50 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/15/12	Tammy Backhorst 1617 E. Lake Bluff Blvd. Shorewood 53211		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/11/12	Michael Brady 4718 W. Blucemond Rd. 53208		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1225.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Peggy Romo 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
3/19/12	Michael Brady 4718 W. Bluewood Rd 53208		20.00	45-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/27/12	Michele Bria 10375 W. Spencer Pl. 53224		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Charles Brown 5432 N. 42nd St 53209		40.00	40-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/11/12	Nancy Bush 1961 N. Summit Ave # 301 53202		20.00	20-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/20/12	Jessica Cavazos 920 E. Knapp 53202		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Matthew Coombs 9213 S. Aspen Dr. #2 Oak Creek, 53154	Budget Analyst VA Hospital	200.00	200-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Michael Davis 5046 N. Kurt An. 53217		30.00	30-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/24/12	Marina Dimitrijevic 2475 S. Saint Clair St 53207		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 460.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Peggy Romo 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
2/29/12	Hanna Dugan 5004 W. Wisconsin 53208		25 ⁰⁰	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	James Effenhein 727 S. 26th St 53204		50 ⁰⁰	50 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/19/12	David Eisner 10621 W. Lincoln Ave. #1 West Allis 53227		20 ⁰⁰	20 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/19/12	David Espinoza 1425 S. 10th St 53204		50 ⁰⁰	50 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Richard Espinoza 812 S. 28th St 53215		20 ⁰⁰	20 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/1/12	Patrick Fendt 6731 W. Wells St 53213		25 ⁰⁰	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/11/12	John Finerty 330 E Kilbourn Ave 53202	Attorney Fibert Finerty, 1st John SC. 330 E Kilbourn Ave 53202	200. ⁰⁰	200 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Moira Fitzgerald 925 E. Wells St 53207		100. ⁰⁰	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 490.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Peggy Romo 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
3/19/12	Kevin Flaherty 3492 N. Humboldt 53212		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Marisela Galaviz 3732 S. Griffin Ave 53207		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Dolka Garcia 8868 S. 27th St Oak Creek 53154		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/29/12	Ferdinand Gaud Jr. 941 S. 26th St. 53215		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	James Hodson 4928 S Imperial Cor. Greenfield. 53220	CFO Family Care Sr Milwaukee County	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Robert Krawiecki 1020 S. Layton Blvd. 53215		40.00	40.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/11/12	Vanessa Llanas 4131 W. Martin Dr. # 203 53208		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Marivel Maldonado 3033 S. 12th St. 53215		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

\$ 480.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Pessy Romo 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
1/24/12	William Martin 4713 S. Peckard Ave 53110		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Paul Matthews 110 Clorcrnok Ln 53217		50.00	50 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/15/12	Michael Merris 710 N. Plunkington Ave. #300 53203		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/15/12	Martita's Mixers 2114 S. 1st St 53204		30.00	30 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/15/12	Gregorio Montoto 7994 S. Susanna Ct Franklin 53132		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Mayhoola Mouna 1642 N. 16th St 53205	Mouna's Associates 1642 N. 16th St 53205	200.00	200 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Sherri Ohly 1200 E. Vienna Ave. 53212		20.00	20 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/28/12	Stephanie Ortiz 2151 S. 25th St 53215		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 550.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Pessy Romo 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
1/24/12	Isreal Ramon 1528 N. Franklin Pl. 53202		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/16/12	Victor Ray 1137 S. 3rd St 53204		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Tinelia Rivera 6220 W. North Ave 53213		25.00	25-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Anna Rodriguez 930 S. 68th St. 53214		25.00	25-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/11/12	Skenneth Schmidt 3121 W. Scott 53215		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/19/12	Kevin Schoofs 3675 S. Rinershire Dr. #8 Greenfield 53228		25.00	25-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Barbara Wyatt Sibley 1840 N. 1st St. 53212		50.00	50-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Monkey Bar 1619 S. 1st St. 53204		100.00	100-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 375.00

TOTAL ITEMIZED CONTRIBUTIONS \$ _____

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ _____

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ _____

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Pessy Romo 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
2/29/12	Sally Sprenger 1632 W. Edwards Dr. Megan 53092	Owner Anew Home Health Care. 7425 Harwood Ave. Wauwatosa 53214	518.13	518.13
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Larry Stephens 3254 N. 52nd St. 53216		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/19/12	Pat Updike 514 Badger Ave. 53172		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Raymond Vahey 924 E. Juneau Ave. #8 53202		100.00	100 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	Patricia West 1801 Hickory St. 53172	Retired	200.00	200 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/15/12	Janice Wilberg 3269 N. Summit 53211	owner. Wilberg Community Planning, LLC 3269 N. Summit Ave. 53211	150.00	150 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/19/12	Leon Yunk 1983 N. Summit #24 53202		50.00	50 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Crisela Zavala 2016 S. Layton Blvd. 53215		25.00	25 -
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1168.13

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Pessy Romo 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
2/29/12	T-Shirt Sales		45.00	45-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	Anonymous		20.00	20-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/29/12	T-Shirt		10-	55-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 75.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Peggy Romo West

In-Kind Donations

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
3/19/12	O'Lydias 133 S. 2nd St.	Food	100.00	100 -
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/24/12	El Corral 25th + Greenfield	Food	150.00	150 -
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 250.00
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Peggy Romo West

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
2/16/12	District Council 48 AFL-CIO People Fund 500013 3427 W. St. Paul Ave Milw, WI 53208	100 ⁰⁰	100 ⁻
1/19/12	IBEW 494 PAC Fund. 3303 S. 103rd St Milw. 53227	356 ⁰⁰	356 ⁻
2/13/12	Milw. Building Construction Trades Council 5491 W. Bluemound Rd. COPE Fund. Milw. 53213	150 ⁰⁰	150 ⁻
3/17/12	Milwaukee Deputy Sheriff Association PAC #500477 821 W. State St. #408 Milw 53233	389.13	389.13
/ /			
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/ /			
/ /			
/ /			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 995.13	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 995.13	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Patsy Renn-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
1/16/12	OFFICE MAX. 2100 S. Miller Parkway 53214	Thank-you notes	18.36
	Check if: <input type="checkbox"/> In-Kind Offset		
1/13/12	Union Copy Center 3060 S. 43rd 53219	Lot.	946.10
	Check if: <input type="checkbox"/> In-Kind Offset		
1/16/12	Hilton Center 5th + Michigan	Parking for Event	10.00
	Check if: <input type="checkbox"/> In-Kind Offset		
1/19/12	Pick-N-Save 18th + National	Food for Volunteers	32.50
	Check if: <input type="checkbox"/> In-Kind Offset		
1/26/12	United States Postal Service USPS.gov	Address Correction	1.00
	Check if: <input type="checkbox"/> In-Kind Offset		
1/26/12	Walgreens 27th + National	Paper	15.33
	Check if: <input type="checkbox"/> In-Kind Offset		
1/30/12	The Factory 1223 S 23rd St 53204	T-Shirts	102.00
	Check if: <input type="checkbox"/> In-Kind Offset		
2/13/12	Sprint sprint.com	Phone Bill	90.00
	Check if: <input type="checkbox"/> In-Kind Offset		
2/18/12	Office MAX 2100 S. Miller Parkway 53214	Supplies	28.77
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1244.06
TOTAL ITEMIZED EXPENDITURES	\$ 2757.28
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —
TOTAL EXPENDITURES	\$ 2757.28

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Friends of Patsy Reno 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
2/13/12	OFFICE MAX 2100 S. Miller Parkway 53214	INK	42.01
	Check if: <input type="checkbox"/> In-Kind Offset		
2/20/12	Union Copy Center 3060 S. 43rd St 53219	lit	116.16
	Check if: <input type="checkbox"/> In-Kind Offset		
2/20/12	Michael Mastelney 5020 W. Abnath Ave.	legal Fees	1000.00
	Check if: <input type="checkbox"/> In-Kind Offset		
2/22/12	Returned Check + Fee	Tri-City Nat. Bank	
	Check if: <input type="checkbox"/> In-Kind Offset		
2/27/12	Tri-City National Bank PO Box 44017 West Allis, 53214	Deposit Item Returned Check + Fee	32.00
	Check if: <input type="checkbox"/> In-Kind Offset		
2/24/12	OFFICE MAX 2100 S. Miller Parkway 53214	Supplies	42.11
	Check if: <input type="checkbox"/> In-Kind Offset		
2/24/12	ALDI 1441 S. 35th St	Snacks for Volunteers	54.46
	Check if: <input type="checkbox"/> In-Kind Offset		
2/27/12	Nels Pizza 3426 S 27th St.	Food For Volunteers	75.39
	Check if: <input type="checkbox"/> In-Kind Offset		
2/29/12	EL RAY 916 S. Cesar Chavez Dr.	Food For Volunteers	32.44
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 1394.57

TOTAL ITEMIZED EXPENDITURES \$ 2757.28

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ —

TOTAL EXPENDITURES \$ 2757.28

Complete Committee Name
Friends of Peggy Reno 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
2/29/12	Walmart 3355 S 27th St Check if: <input type="checkbox"/> In-Kind Offset	Food for Fundraiser	105.00
1/27/12 + 3-19-12	PAYPAL Paypal.com Check if: <input type="checkbox"/> In-Kind Offset	Fees	13.55
/ /	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
/ /	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

\$ 118.55

TOTAL ITEMIZED EXPENDITURES

\$ 2757.28

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$ 2757.28