

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

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

MILWAUKEE COUNTY  
ELECTION COMMISSION  
  
2013 JUL 25 P 12: 26  
  
RECEIVED  
OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee  
**FRIENDS OF KHALIF RAINEY**

Street Address  
**P.O. BOX 18612**

City, State and Zip Code  
**MILWAUKEE, WI 53218**

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

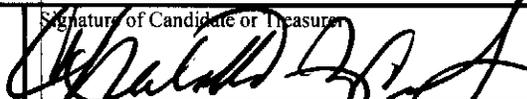
Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 2,541.83	\$ 13,673.26
1B. Contributions from Committees (Transfers-In)	\$ 1,540.00	\$ 5,164.12
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 4,081.83	\$ 18,837.38
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 9,277.61	\$ 16,233.45
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 9,277.61	\$ 16,233.45
<b>CASH SUMMARY</b>		

Cash Balance Beginning of Report	\$ 7,799.68
Total Receipts	\$ 4,081.83
Subtotal	\$ 11,881.51
Total Disbursements	\$ 9,277.61
<b>CASH BALANCE END OF REPORT</b>	\$ 2,603.90
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

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>Charlotte V. Cannon-Sain</b>	Signature of Candidate or Treasurer 	Date: <b>7/19/2013</b>
		Daytime Phone:

**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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name  
**FRIENDS OF KHALIF KHAINEY**

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
3/26/13	ROBERT COCROFT 9803 S. 85th STREET FRANKLIN, WI 53132		100.00	100.00
3/28/13	MELISSA GOINS 749 W. LAND PL MILW WI 53205	PROP. MAURES DEV. GRP LLC 1420 W CENTER STREET SUITE #2 MILW, WI 53206	526.83	526.83
3/29/13	JOHNNIE WILLIAMS 7917 N MILL RD MILW WI 53218		40.00	70.00
3/30/13	ROBERT BAKER 1639 N MAYFLOWER CT MILW, WI 53205	EXEC. DIR - LEAGUE OF YOUNG VOTERS 1639 N MAYFLOWER CT MILW, WI 53218	50.00	200.00
3/27/13	VARIOUS - CASH	N/A	65.00	566.43
3/22/13	WALLACE WHITE 5606 W. FORT AVE MILW WI 53228	AFRICAN AM. CHAMBER OF COMMERCE - CED P.O. BOX 240317 MILW, WI 53224	60.00	200.00
3/22/13	JULIUS HULBERT 3919 N. 58th BLVD MILW WI 53216		25.00	50.00
3/22/13	KEN LITTLE 9326 W RYAN CT MILW WI 53224		30.00	60.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 886.83

TOTAL ITEMIZED CONTRIBUTIONS

\$ 821.83

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 65.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 886.83

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
3/22/13	<b>DONNA STEPHALD</b> 275 W WISC. AVE MILW. WI 53205		25.00	25.00
3/22/13	<b>DON SYKES</b> 2342 N 27th Street MILW WI 53206		100.00	100.00
3/22/13	<b>TONY KERRAN SR</b> 3134 N 67th ST MILW WI 53216		100.00	100.00
3/22/13	<b>BARBARA TOLES</b> 3855 N 56th ST MILW WI 53216	<b>STATE REPRESENTATIVE</b> 3855 N 56th Street MILW WI 53216	100.00	300.00
3/22/13	<b>MICHAEL WEDDLE</b> 3738 N 40th MILW WI 53216	<b>EXEC DIRECTOR</b> NORTH COTT MEIGH. 2460 N 6th Street MILW, WI 53206	100.00	200.00
3/23/13	<b>DR. ANN MALONE</b> 1919 W SUMMIT AVE 7E MILW WI 53202	<b>PHD - PROFESSOR</b> MATH 700 W STATE STREET MILW WI 53233	250.00	500.00
3/28/13	<b>ALBERT SMITH</b> 5327 W KEEFE AVE MILW, WI 53216	<b>MANAGER OF UPS</b> VANGUARD CONSTRUCT. 5327 W. KEEFE AVE MILW, WI 53216	250.00	500.00
3/28/13	<b>MARTHA LOVE</b> 1846 W. CHERRY MILW WI 53205	<b>MARTHA LOVE ASSOC. B LLC</b> 1846 W CHERRY MILW WI 53205	230.00	530.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1155.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1155.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 3041.93

RECEIPTS  
Contributions (Including Loans) From Individuals

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
5/13/13	Barbara Toles 3835 N 56th St MILW WI 53216	STATE REPRESENTATIVE 3835 N 56th St MILW WI 53216	100.00	400.00
5/13/13	ANDY JOBS 1643 N 18th MILW WI 53208		100.00	100.00
5/13/13	NATHANIEL GRAY P.O. BOX 16529 MILW WISC 53246	ATTORNEY GRUBER LAW 100 E WISL AVE MILW WI 53202	200.00	600.00
5/13/13	VARIOUS - CASH	N/A	100.00	666.43

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 500.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 500.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2,541.83

RECEIPTS  
Contributions from Committees  
(Transfers-In)

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
3/22/13	EDWARD TED JAMES CAMPAIGN P.O. BOX 4991 BATON ROUGE, LA 70821 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	150.00	150.00
3/28/13	LAW SHEBOYGAN ALEXA POLITICAL ACTION COMMITTEE 5425 SUPERIOR AVE SHEBOYGAN, WI 53081 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	395.00	395.00
5/18/13	LAW FOX RIVER VALLEY 1118 HIGH AVE OSHKOSH, WI 54901 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	395.00	395.00
5/13/13	FRIENDS OF JOE DAVIS P.O. BOX 76024 MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	300.00	300.00
5/13/13	CITIZENS FOR MARILINA DIMITRIJEVIC 330 E. KILBOURNE AVE SUITE 1250 MILW WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	300.00	300.00
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 1,540.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 1,540.00	

**RECEIPTS**  
Other Income and Commercial Loans

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
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<b>SUBTOTAL OTHER INCOME THIS PAGE</b>	\$ <u>    </u>
<b>TOTAL ITEMIZED OTHER INCOME</b>	\$ <u>    </u>
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>	\$ <u>    </u>
<b>TOTAL OTHER INCOME</b>	\$ <u>    </u>

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
3/29/13	WEBMAN GRAPHICS 9255 W CAPITAL DRIVE #406 MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	DESIGN/PRINT	50.00
4/5/13	ALLAN DY MORTON 1639 N MAYFLOWER CT MILW WI 53278 Check if: <input type="checkbox"/> In-Kind Offset	ORGANIZING CANVASSING FUND RAISING ART	300.00
4/8/13	JANISHA MARTIN 1639 N MAYFLOWER COURT MILW WI 53278 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	100.00
4/9/13	LORENTEL DANIELS 1639 N MAYFLOWER COURT MILW WI 53278 Check if: <input type="checkbox"/> In-Kind Offset	ORGANIZING CANVASSING	225.00
4/9/13	HOUSE OF COINED BEEF 6200 W SILVER SPRING DR MILW 53219 Check if: <input type="checkbox"/> In-Kind Offset	Volunteer FOOD	67.20
4/8/13	TRACEY CORDER 3011 N 21ST MILW WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING CAMPAIGN ASSISTANCE STIPEND - CAMP. MGR.	1,200.00
3/29/13	UNION COPY CENTER 3060 S. 43rd ST MILW WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	FINAL PRINT PRINTING	1,061.28
4/19/13	ONE SPORTS LOUNGE 6218 W BROWN DEER RD MILW WI 53220 Check if: <input type="checkbox"/> In-Kind Offset	FUNDRAISING RECEPTION	250.00
4/15/13	RYAN WARD 1639 N. MAYFLOWER CT MILW WI 532 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	50.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 3,303.48
TOTAL ITEMIZED EXPENDITURES	\$ 3,303.48
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 0
TOTAL EXPENDITURES	\$ 3,303.48

Complete Committee Name  
**FRIENDS OF KHALIF RAHMY**

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
3/25/13	ARLANDUS MORTON 1639 N MAYFLOWER CT MILW WI	CANVASSING CAMPAIGN ASSISTANCE	150.00
3/25/13	UNION COPIES 3060 S. 43rd St MILW WI 53219	PRINTING MAILERS FOR ELECTION	1,812.76
3/20/13	WEBMAN GRAPHICS 9235 W CAPITOL DRIVE # 406 MILW WI 53216	PRINTING DESIGN	125.00
3/25/13	COURIER COMMUNICATIONS 3042 W. LOCUST ST MILW WI 53206	RADIO AD	250.00
3/28/13	WEBER PRINTING 3048 N 34th Street MILW WI 53210	PRINTING DOOR HANGERS	477.81
3/29/13	NMSB 3200 W BROWN DEER #100 MILW WI 53225	BANK CHARGE	.02
3/27/13	UNION COPIES 3060 S. 43rd St MILW WI 53219	2ND MAILERS AND PRINTING	1,764.23
3/28/13	UNION COPIES 3060 S. 43rd St MILW WI 53219	PRINTING- FINAL LIT PIERCE	834.18
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 5,353.50
TOTAL ITEMIZED EXPENDITURES			\$ 5,353.50
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 8,656.98

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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
4/2/13	OFFICE DEPOT 362 E. CAPITAL DRIVE MILWAUKEE WI	PRINTING	48.61
4/1/13	WALMART	PAPER OFFICE SUPPLIES	45.25
4/30/13	NMSB 8200 W BROWN DEER #100 MILWAUKEE WI 53225	BANK CHARGE	.01
5/2/13	KHALIF RAINEY 3927 N 5TH ST MILWAUKEE WI 53216	REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES	526.74
5/31/13	NMSB 8200 W BROWN DEER #100 MILWAUKEE WI 53225	BANK CHARGE	.01
6/28/13	NMSB 8200 W. BROWN DEER #100 MILWAUKEE WI 53225	BANK CHARGE	.01

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 620.63
TOTAL ITEMIZED EXPENDITURES	\$ 620.63
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 0
TOTAL EXPENDITURES	\$ 9,277.61

**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  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total

**SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE**

\$

**TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES**

\$

**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name

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
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)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

*M*  
*A*

**SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE**

**\$**

**TOTAL ITEMIZED OBLIGATIONS**

**\$**

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

**\$**

**TOTAL INCURRED OBLIGATIONS**

**\$**

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

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 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 \$

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** \$