

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

2015 JAN 30 P 2:51

RECEIVED

OFFICE USE ONLY

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

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF CHARLIE FOX

Street Address

2930 W McKINLEY BLVD

City, State and Zip Code

MILWAUKEE WI 53208

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
1A. Contributions (Including Loans) from Individuals	\$ 2525. —	\$ 16,165.54
1B. Contributions from Committees (Transfers-In)	\$ —	\$ 800. —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2525. —	\$ 16,965.54

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 3558.47	\$ 16,798. —
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ 25. —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3558.47	\$ 16,823. —

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1176.01
Total Receipts	\$ 2525. —
Subtotal	\$ 3701.01
Total Disbursements	\$ 3558.47
CASH BALANCE END OF REPORT	\$ 142.54
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 1800. —
LOANS (Balance at the Close of This Period-3B)	\$ 3200. —

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 JOYCE ANN SEISER	Signature of Candidate or Treasurer <i>Joyce A Seiser</i>	Date: 1/28/2015 Daytime Phone: 933-6189
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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.

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
10/28/14	JOSEPH BILLINGS 5033 N BERKELEY BL WHITEFISH BAY WI 53217	SELF-EMPLOYED ARTIST	100.-	185.-
11/6/14	ANN BOWE 3929 W HIGHLAND BL MILWAUKEE WI 53208	ACT BLUE	25.-	25.-
10/21/14	SUZANNE CLEMENT 3477 N GRAMER ST MILWAUKEE WI 53311		25.-	25.-
10/35/14	KATHLEEN DOBRZYNSKI 4342 S 134 ST GREENFIELD WI 53228		50.-	50.-
10/27/14	JAMES GRAMLING 1541 N CASS ST MILWAUKEE WI 53209		50.-	50.-
10/30/14	STEVE KELLY 706 MENDOCINO WAY REDWOOD CITY CA 94065	PUBLIC AFFAIRS ABBOTT VASCULAR 3200 LAKESIDE DR SANTA CLARA CA 95054	100.-	200.-
10/21/14	ROBERT MARTELLARO 9211 W CENTER ST MILWAUKEE WI 53222		25.-	25.-
10/38/14	THERON MILLS 2527 S KINNICKINNIC AVE MILWAUKEE WI 53207		50.-	145.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 425.-

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2525.-

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2525.-

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/26/14	CHEZ ORDONEZ 734 W IRVING PARK RD. #1 CHICAGO IL 60613	DIRECTOR AIDS FOUNDATION OF CHICAGO 200 W JACKSON BL CHICAGO IL 60606	200.-	250.-
11/4/14	GREGORY SELL 8374 S COUNTRY CLUB CIR. FRANKLIN WI 53132		100.-	100.-
10/23/14	EDICKA SINCLAIR 3204 W DAKOTA ST MILWAUKEE WI 53315		25.-	25.-
10/25/14	MUSSELL STAMPERT 3437 N SHERMAN BL MILWAUKEE WI 53210		75.-	75.-
10/24/14	NANCY WONG 3834 BAWHIDE RD MORCKLIN CA 95677	RETIRED	400.-	500.-
10/27/14	JONATHAN ZAGRODNIK 2864 N MURRAY AVE MILWAUKEE WI 53211		100.-	100.-
10/23/14	CHARLES FOX 2920 W MCKINLEY BL MILWAUKEE WI 53208	CANDIDATE	1000.-	4773.66
11/26/14	CHARLES FOX "	"	200.-	4973.66

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 2100.-

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2525.-

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2525.-

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 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
/ /	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
/ /	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		\$ <u> </u>	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u> </u>	

Complete Committee Name

FRIENDS OF CHARLIE FOX

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
10/21/14	ACT BLUE TECHNICAL SERVICES 306 SUMMER ST SUMMERVILLE MA Check if: <input type="checkbox"/> In-Kind Offset 02144	SERVICE FEE	.99
10/26/14	ACT BLUE " Check if: <input type="checkbox"/> In-Kind Offset	"	3.95
11/2/14	ACT BLUE " Check if: <input type="checkbox"/> In-Kind Offset	"	.99
10/21/14	THE MADEK GROUP W228 N 821 WESTMOUND DR. W AUKESHA WI 53192 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	440.50
10/27/14	THE MADEK GROUP " Check if: <input type="checkbox"/> In-Kind Offset	PRINTING MAILER	827.03
10/30/14	THE MADEK GROUP " Check if: <input type="checkbox"/> In-Kind Offset	PRINTING LIT	501.61
10/27/14	MILWAUKEE COMMUNITY JOURNAL PO BOX 142542 FAYETTEVILLE GA 30214 Check if: <input type="checkbox"/> In-Kind Offset	AD	300.-
10/27/14	OFFICE MAX 2100 S MILLER PARKWAY WEST MILWAUKEE WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	OFFICE SUPPLIES	4.73
12/4/14	THIRD SECTOR CREATIVE 2310 N 68 ST, 2ND FL WAUWATOSA WI 53213 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN MARKETING CONSULTANT	600.-

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 2679.80

TOTAL ITEMIZED EXPENDITURES \$ 3558.47

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ —

TOTAL EXPENDITURES \$ 3558.47

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF CHARLIE FOX

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
10/24/14	WEBER PRINTING 3048 N 34 ST MILWAUKEE WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	YARD SIGNS & WIRES	302.28
11/6/14	BUS STOP COFFEE SHOP 4424 W LISBON AVE MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN CAKE	76.39
10/27/14	CHARLES FOX 2950 W MCKINLEY BLVD MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	REPAYMENT OF LOAN	500.—
/ /	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

\$ 878.67

TOTAL ITEMIZED EXPENDITURES

\$ 3558.47

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ —

TOTAL EXPENDITURES

\$ 3558.47

**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
11/8/14	THIRD SECTOR CREATIVE 2310 N 68 ST WAUWATOSA WI 53213	0	2400.-	600.-	1800.-
		Nature of Debt (Purpose) CAMPAIGN MARKETING CONSULTANT			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 1800. -

TOTAL ITEMIZED OBLIGATIONS \$ 1800. -

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$

TOTAL INCURRED OBLIGATIONS \$ 1800. -

**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
11/26/14	CHARLES FOX 2920 W Mc KINLEY BLVD MILWAUKEE WI 53208	2500.-	1200.-	500.-	3200.-

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 \$ 3200.-

TOTAL OUTSTANDING LOANS \$ 3200.-