

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

2015 JAN 26 P 4:11

RECEIVED
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF TIMOTHY J JOHNSON

Street Address

3635 S RIVERSHIRE DR APT 8

City, State and Zip Code

GREENFIELD, WI 53228

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 2015 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	\$ 40.13	\$ 40.13
1B. Contributions from Committees (Transfers-In)	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ -	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 40.13	\$ 40.13

2. DISBURSEMENTS

2A. Gross Expenditures	\$.13	\$.13
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$.13	\$.13

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 40.13
Subtotal	\$ 40.13
Total Disbursements	\$.13
CASH BALANCE END OF REPORT	\$ 40.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (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 LAURIE M BUSS	Signature of Candidate or Treasurer <i>Laurie M Buss</i>	Date: 01/26/15
Email: <i>stamper.laurie@gmail.com</i>		Daytime Phone: <i>414-403-3687</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.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF TIMOTHY J JOHNSON

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
12/12/14	TIMOTHY J JOHNSON 3635 S RIVERSHIRE DR APT 8 GREENFIELD, WI 53228 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		35.00	35.00
12/12/14	TIMOTHY J JOHNSON 3635 S RIVERSHIRE DR APT 8 GREENFIELD, WI 53228 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		5.00	40.00
12/17/14	PAYPAL VERIFY ACCOUNT Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		.04	.04
12/17/14	PAYPAL VERIFY ACCOUNT Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		.09	.13
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 40.13

TOTAL ITEMIZED CONTRIBUTIONS \$ 40.13

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 40.13

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF TIMOTHY J JOHNSON

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
12/17/14	PAYPAL VERIFY ACCOUNT	PAYPAL DEPOSITED AND WITHDREW \$.13 TO ESTABLISH SERVICE WITH THE CHECKING ACCOUNT	.13
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$.13

TOTAL ITEMIZED EXPENDITURES

\$.13

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$.13