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**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2015 FEB -2 A 11: 05

RECEIVED

OFFICE USE ONLY

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF WILLIE JOHNSON JR

Street Address
3869 N HUMBOLDT BLVD #206M

City, State and Zip Code
MILWAUKEE WI 53212-1361

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 \$ 500.00 \$ 7967.00

1B. Contributions from Committees (Transfers-In) \$ \$ 1235.19

1C. Other Income and Commercial Loans \$.02 \$ 6.48

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) \$ 500.02 \$ 9208.67

2. DISBURSEMENTS

2A. Gross Expenditures \$ 2342.00 \$ 2342.00

2B. Contributions to Committees (Transfers-Out) \$ \$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$ 2342.00 \$ 2342.00

CASH SUMMARY

Cash Balance Beginning of Report \$ 87.25

Total Receipts \$ 500.02

Subtotal \$ 587.27

Total Disbursements \$ 60.00

CASH BALANCE END OF REPORT \$ 527.27

INCURRED OBLIGATIONS
(Balance at the Close of This Period-3A) \$

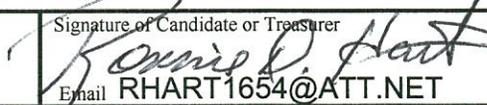
LOANS (Balance at the Close of This Period-3B) \$ 1720.00

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

RONNIE D. HART

Signature of Candidate or Treasurer



Email RHART1654@ATT.NET

Date: 01/30/2015

Daytime Phone: (414) 257-6409

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 WILLIE JOHNSON JR

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
12/2/14	WILLIE JOHNSON JR 3869 N HUMBOLDT MILWAUKEE WI 53212	County Board Supervisor 901 N 9th St Milwaukee, WI 53233	\$500.00	\$1720.00
/ /	Check if: <input type="checkbox"/> In-Kind <input checked="" 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: _____		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$500.00
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$.02
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$500.02

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF WILLIE JOHNSON JR

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
7/31/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
8/31/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
9/30/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
10/31/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
11/30/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
12/31/14	BMO HARRIS BANK Check if: <input type="checkbox"/> In-Kind Offset	Maintenance Fee	\$ 10.00
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$

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

Complete Committee Name **FRIENDS OF WILLIE JOHNSON JR**

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
12222014	WILLIE JOHNSON 3869 Humboldt Blvd	1220.00	500.00	0.00	1720.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor WILLIE JOHNSON JR 3869 N HUMBOLDT BLVD #208	Occupation COUNTY BOARD SUPERVISOR
	Name and Address of Employer 901 N 9TH ST 53233
	Amount Guaranteed Outstanding \$ 500.00
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 \$ 1720

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ ~~500.00~~
TOTAL OUTSTANDING LOANS \$ ~~500.00~~
\$ 1720