

ES

CAMPAIGN FINANCE REPORT 2015 FEB -3 P 2-33  
LOCAL COMMITTEES OF WISCONSIN

RECEIVED 10

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 KHALIF RAINEY

Street Address

P.O. BOX 18612

City, State and Zip Code

Milwaukee, WI 53218

OFFICE USE ONLY

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 \$ 0 \$ 14,200.08

1B. Contributions from Committees (Transfers-In) \$ 0 \$ 4,037.30

1C. Other Income and Commercial Loans \$ 0 \$ 0

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) \$ 0 \$ 18,237.38

2. DISBURSEMENTS

2A. Gross Expenditures \$ 1,000.00<sup>.0511</sup> \$ 17,310.00<sup>.0300</sup>

2B. Contributions to Committees (Transfers-Out) \$ 341.87 \$ 491.87

TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$ 1,341.92 \$ 17,801.90

CASH SUMMARY

Cash Balance Beginning of Report \$ 2,377.40 ✓

Total Receipts \$ 0

Subtotal \$ 2,377.40 ✓

Total Disbursements \$ 1,341.92 ✓

CASH BALANCE END OF REPORT \$ 1,035.48 ✓

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: Charlotte V. Cannon-Sain  
Signature of Candidate or Treasurer: *Charlotte Cannon-Sain*  
Date: 1/30/2015  
Email: ccannon@sain@yahoo.com  
Daytime Phone: 414 345 4243

AC

Complete Committee Name  
**FRIENDS OF KHALIF CAINEY**

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
/ /				
	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** \$     

**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 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
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

**SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE** \$ \_\_\_\_\_

**TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES** \$ \_\_\_\_\_

Complete Committee Name

**FRIENDS OF KLAUF RAINLEY**

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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/ /			

**SUBTOTAL OTHER INCOME THIS PAGE** \$ —

**TOTAL ITEMIZED OTHER INCOME** \$ —

**TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS** \$ —

**TOTAL OTHER INCOME** \$ —

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

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
<del>1 / 1</del>	<del>DEMOCRATIC PARTY OF WISCONSIN 150 PINEKNEY ST, SUITE 200 MADISON, WI 53703</del>	<del>DONATION</del>	<del>191.87</del>
<del>1 / 1</del>	<del>Check if: <input type="checkbox"/> In-Kind Offset</del>		<del>15</del>
12/12/14	Khalif Rainey P.O. Box 18612 MILWAU, WI 53218	Reimbursement of original loaned campaign funds	1000.00
1 / 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 / 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 / 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 / 1	Check if: <input type="checkbox"/> In-Kind Offset		
1 / 1	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 / 1	Check if: <input type="checkbox"/> In-Kind Offset		

*off Schedule 2-B*

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1000 -

TOTAL ITEMIZED EXPENDITURES

\$ 1000 -

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$ 1000.00

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

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	Amount	Calendar Year-To-Date Total
10/26/14	DEMOCRATIC PARTY OF WISCONSIN 15 N PARKINNEY ST, SUITE 200 MADISON, WI 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	191.87	191.87
10/26/14	MARTIN WEDDLE 1929 N 28th ST MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	150.00	150.00
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	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		\$ 341.87	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 341.87	

**ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans**

Complete Committee Name  
**FRIENDS OF KHALIF RAINEY**

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)			

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

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

Complete Committee Name  
**FRIENDS OF KHALIF RAHNEY**

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

	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
Date / /					

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 \$

	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
Date / /					

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 \$

	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
Date / /					

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 \$