

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2017 JUL 14 P 12: 18

RECEIVED *JS*

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 KHALIF RAINEY*

Street Address: *3927 N 58th STREET*

City, State and Zip Code: *MILWAUKEE, WI 53216*

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 *2016* 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ <i>3,611.49</i>	\$ <i>17,811.57</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>300.00</i>	\$ <i>4,337.30</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>3,911.49</i>	\$ <i>22,748.87</i>
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <i>3,310.17</i>	\$ <i>20,731.08</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>766.87</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>3,310.17</i>	\$ <i>21,497.95</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>649.60</i>
Total Receipts	\$ <i>3,911.49</i>
Subtotal	\$ <i>4,561.09</i>
Total Disbursements	\$ <i>3,310.17</i>
CASH BALANCE END OF REPORT	\$ <i>1,250.92</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>1,500.00</i>

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 <i>Charlotte Y Cannon Sain</i> <i>FRIENDS OF KHALIF RAINEY</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>7/12/2017</i>
		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.

Complete Committee Name
FRIENDS OF CHARLIE RAINBY

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
8/11/15	MARIE WHITAKER 205 RED OAK CT WEST CHICAGO, IL 60185	BMO - BLACK DOG CORP 3729 N RAVENSWOOD AVE CHICAGO, IL 60613	400.00	400 -
8/11/15	AMIT GAUKI 4889 N HERMITAGE AVE CHICAGO, IL 60640-4104	PRESIDENT BLACK DOG - 3729 N RAVENSWOOD AVE CHICAGO, IL 60613	400.00	400 -
8/11/15	JENNIFER E. GILHAM 1041 W. NEWPORT AVE CHICAGO, IL 60657-2780	EXEC. ADMIN ASST. BLACK DOG - 3729 N RAVENSWOOD AVE CHICAGO, IL 60613	400.00	400 -
9/24/15	LOUIS OKEEFE 3350 N NEWHALL MILW, WI 53211		100.00	\$100.00
9/24/15	RYAN WARD 4201 W RUBY AVE MILW, WI 53209		100.00	\$100.00
8/24/15	RUSSELL STAMPER SR 2900 N PARK PLAZA COURT UNIT 218 BROWN DEER WI 53223		50.00	\$50.00
8/24/15	LANELLE RAMEY P.O. BOX 18013 MILW, WI 53218		50.00	\$50.00
8/24/15	STEVE ADAMS 1733 N 17th STREET MILW, WI 53205		100.00	\$100.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1,600.00

TOTAL ITEMIZED CONTRIBUTIONS

\$1,600.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1,600.00

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
8/24/15	DEONTE TATUM 4968 N 73RD ST MILW, WI 53218		50.00	50.00
8/24/15	Caesar SIMPSON 3015 N 21ST MILW, WI 53206		\$60.00	60.00
8/24/15	LOUIS JOHNSON 8910 W PORTAGE ST MILW, WI 53224		650.00	50.00
8/24/15	KELLY REIDER 3203 W NORTH AVE MILW, WI 53208		\$10.00	10.00
8/24/15	LATANYA BRABHAM 3261 N 106th Street MILW, WI 53222		\$20.00	20.00
8/24/15	NICHALLE PITTS 2031 W CAPITOL DRIVE MILW, WI 53206	OWNER NEW PITTS MORTUARY 2031 W. CAPITOL DRIVE	\$300.00	300.00
8/24/15	WALLACE WHITE 2365 W GREENWOOD RD MILW, WI 53222 GLENDALE, WI 53209-2136		450.00	50.00
8/24/15	THOMAS HARRIS 3715 N 48th Street MILW, WI 53222-2413		850.00	\$50.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 590.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2,190.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2,190.00

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KHAUF RAINY

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
8/24/15	GEORGE HINTON 16745 DANECT W BROOKFIELD, WI 53005-1303		\$100.00	100-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit FRED ROYAL 5705 W NASH ST MILW, WI 53216		\$100.00	100-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Gerard Randall		\$100.00	100-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Bruce Colburn 3905 N Farwell Ave MILW, WI 53211		\$100.00	100-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Curtiss Harris 6761 N 109th St MILW, WI 53224		\$50.00	50-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit KEVIN Newell 500 W. SILVERSPRING STE K200 MILW, WI 53217-5052		\$100.00	100-
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit JIM HILL 7415 N NAVAJO RD FOX POINT, WI 53217		\$45.00	4500
8/24/15	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit DAVID EISNER 10621 W LINCOLN AVE APT 1 - WESTALLIS, WI 53227		\$50.00	50-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$645.00
TOTAL ITEMIZED CONTRIBUTIONS	\$2,835.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ -0-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$2,835.00

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KARUE RAINY

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
8/24/15	DESHA AGEE 4035 N 16th ST MILW, WI 53209		\$50.00	50.-
8/24/15	MARCELLA NICHOLSON		\$75.00	75.-
8/24/15	Charlotte Cannon-Sain 6126 N 118th ST MILW WI 53225		\$51.00	51.-
9/24/15	SEAN LOWE 7714 NORVA AVE APT 1 WANWATONA, WI 53213		\$50.00	50.-
10/21/15	JENNIFER GARY 1708 N 40th MILW, WI 53208-1822		\$100.00	100.-
10/21/15	ARCHIE IVY 7439 NORTH 90th ST MILW, WI 53224	Minister 7439 NORTH 90th ST MILW WI 53224	\$250.00	250.-
8/24/15	GREGORY WESLEY JR 3349 N SUMMIT AVE MILW, WI 53211		100.00	100.-
8/24/15	ELMER ANDREUN 8630 N REGENT C FOX POINT, WI 53217-2365		100.00	100.-

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 776.00	
TOTAL ITEMIZED CONTRIBUTIONS	\$ 3,911.00	3,611.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 3,911.00	3,611.00

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KILALIE RAINEX

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
8/19/15	SQUARED ONE-LINE	VERIFICATION TRANSACTION	.49	.49
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 49

TOTAL ITEMIZED CONTRIBUTIONS

\$ 3,911.49

3,611.49 *af*

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 3,911.49

3,611.49 *af*

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF KHARU RAINEX

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
9/24/15	FRIENDS OF CHRIS LAHSEN 3261 S. HERMAN STREET MILWAU, WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$ 50.00	50.00
11/30/15	GWYN MOORE (FOR CONGRESS) 110 D STREET SE FT 12 WASHINGTON D.C. 20003 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$ 250.00	\$ 250.00
/ /	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
/ /	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 \$ 300.00

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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SUBTOTAL OTHER INCOME THIS PAGE

\$

TOTAL ITEMIZED OTHER INCOME

\$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

\$

TOTAL OTHER INCOME

\$

(Large handwritten slash mark covering the totals)

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF KHAUF 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
8/19/15	SQUARE INC ON-LINE Check if: <input type="checkbox"/> In-Kind Offset	MAINT. FEE FOR USING SQUARE	4.85 4.85 ✓
DEC MONTH JULY	NORTH MILW STATE BANK 5630 W FOND DU LAC AVE MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEES	21.03 ^{copy}
8/26/15	NORTH MILW STATE BANK 5630 W FOND DU LAC AVE MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CHECK ORDER	\$29.15
8/13/15	WEBMAN GRAPHICS 9235 W CAPITAL DRIVE # 406 MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	GRAPHIC DESIGN	\$52.25
8/24/15	YOUNG MARIKA 3618 N 55TH ST MILW WI 53218 Check if: <input type="checkbox"/> In-Kind Offset	PHOTOGRAPHY	\$150.00
9/1/15	NORTH MILW NIKEE ST. BK 5630 W FOND DU LAC AVE MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	RETURNED CHECKS	\$250.00
11/12/15	KALOMBA KADINA 2415 N 49TH ST MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	DOOR-TO-DOOR CAMASSING	\$150.00
12/2/15	WEBER PRINTING 3048 N 34TH STREET MILW, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	YARD SIGNS	1,161.60
12/8/15	R J HARRIS PHOTOGRAPHY 8201 W CAPITAL AVE MILW, WI 53222 Check if: <input type="checkbox"/> In-Kind Offset	PHOTOGRAPHY	173.00
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1,991.88
TOTAL ITEMIZED EXPENDITURES			\$ 1,991.88
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 1,991.88

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
12/11/15	UNITED STATES POSTAL SERVICE Check if: <input type="checkbox"/> In-Kind Offset	P.O. Box Rental	\$ 33.00 ✓
12/14/15	VICKY PEARSON 316 S N 41st Street Milw, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	\$ 120.00 ✓
12/21/15	ANTHONY PEARSON 316 S N 41st Milw, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	\$ 180.00 ✓
12/4/15	MICHAEL DANIELS 225 E. BUILDING ST MILWA, WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	\$ 50.00 ✓
12/10/15	WEBER PRINTING 3048 N 34th Street MILW, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN LITERATURE	\$ 443.52 ✓
12/14/15	CARL ELMS 3356 N 37th Street MILWA, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	\$ 156.00 ✓
12/16/15	THE DIVER BLACK 3959 N 26th ST MILWA WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	PHOTOGRAPHY	\$ 100.00 ✓
12/24/15	WEBER PRINTING 3048 N 34th Street MILWA, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN ENVELOPES	\$ 157.34 ✓
12/30/15	GO DADDY - WEBSITE HOSTING ONLINE Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$ 77.94 ✓

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 1,317.80

TOTAL ITEMIZED EXPENDITURES \$ 3,309.68

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0

TOTAL EXPENDITURES \$ 3,309.68

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF KHALIF LAHROU

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
/ /	SQUARED ON-LINE	VERIFICATION TRANSACTION	.49
/ /	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		
/ /	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	\$.49
TOTAL ITEMIZED EXPENDITURES	\$ 8,310.17
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ Ø

SCHEDULE 3-A

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)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
		\$			
		TOTAL ITEMIZED OBLIGATIONS			
		\$			
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			
		\$			
		TOTAL INCURRED OBLIGATIONS			
		\$			

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
12/31/15	KHALIF RAINEY 3927 N 58th STREET MILWAU, WI 53216	1,500 ⁰⁰	Ø	Ø	\$ 1,500 ⁰⁰

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 \$1,500⁰⁰

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

FRIENDS OF KHALIF RAINEY

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND OR 2-B.

Date	Recipient	Amount
<i>1/1/2016</i>	<i>FRIENDS OF KHALIF RAINEY CITY OF MILWAUKEE ALDERMANIC CAMPAIGN ACCOUNT</i>	<i>\$1,250.92</i>

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
<hr/>		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

[Handwritten Signature]

 Signature of Candidate or Treasurer

7/12/2017

 Date

*Baunthuse
 901 N 9th
 Room 610
 53233*