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<b>CAMPAIGN FINANCE REPORT</b>					
<b>WISCONSIN LOCAL COMMITTEE</b>					
Is this report an Amendment?		YES	<b>NO</b>		
<b>COMMITTEE IDENTIFICATION</b>					
Name of Committee	Supreme 4 the People				
Address	4043 N. 19th Pl				
City, State, ZIP	Milwaukee, WI 53209				OFFICE USE ONLY
Please check if address is different than previously reported					
<b>NAME OF REPORT</b>	Jan 20	Continuing	Pre-Primary 20	Spring	Fall
	July 20	Continuing	Pre-election 2018	Spring	Fall
	September 20	Continuing			
<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>			<b>Column A</b>	<b>Column B</b>	<b>Audited Totals</b>
<b>1. RECEIPTS</b>			<b>This Period</b>	<b>YTD</b>	<b>Office Use Only</b>
A. Contributions including Loans from Individuals			0		
B. Contributions from Committees (Transfers-In)			0		
C. Other Income and Commercial Loans			0		
<b>TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)</b>			0	0	
<b>2. DISBURSEMENTS</b>					
A. Gross Expenditures			500		
B. Contributions to Committees (Transfers-Out)			0		
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>			500	0	
<b>CASH SUMMARY</b>					
Cash Balance at Beginning of Report			1,418.18		
Total Receipts			0		
Subtotal			1,418.18		
Total Disbursements			500		
<b>CASH BALANCE AT END OF REPORT</b>			918.18		
<b>INCURRED OBLIGATIONS (at close of period)</b>			0		
<b>LOANS (at close of period)</b>			0		
<i>I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.</i>					
Type or Print Name of Candidate or Treasurer	Supreme Moore Omokunde		Signature of Candidate or Treasurer	Date	3/26/18
			Email:	Daytime Phone:	
			teamsupreme4county@gmail.com	414-803-1707	

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats.

Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline.

ETHCF-2LE (01/16)

SCHEDULE 2-A

Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT	COMMENTS
	01/30/18	Darrol Gibson	7033 W. Kathryn Ave	Milwaukee	WI	53218	Consultation Fee	\$250.00	
	02/28/18	Darrol Gibson	7033 W. Kathryn Ave	Milwaukee	WI	53218	Consultation Fee	\$250.00	