

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

1/21/11 4:03:40

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Sequanna Taylor 4 Milwaukee

Street Address

P.O. Box 91365

City, State and Zip Code

Milwaukee WI 53209

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 Pre-Primary Spring Fall Special
 July Continuing Pre-Election Termination Report
 September Continuing 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	\$ 505.00	\$ 2860.00
1B. Contributions from Committees (Transfers-In)	\$ 50.00	\$ 1297.90
1C. Other Income and Commercial Loans	\$ 1.00	\$ 1.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 556.00	\$ 4158.90

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 414.89	\$ 4621.07
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 414.89	\$ 4621.07

CASH SUMMARY

Cash Balance Beginning of Report	\$ 214.28
Total Receipts	\$ 556.00
Subtotal	\$ 770.28
Total Disbursements	\$ 414.89
CASH BALANCE END OF REPORT	\$ 355.39
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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	Signature of Candidate or Treasurer	Date:
<i>Sequanna Taylor</i>	<i>Sequanna Taylor</i>	<i>1/15/20</i>
	Email	Daytime Phone:
	<i>Wt4sequannataylor@gmail.com</i>	<i>414-216-3557</i>

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.

Complete Committee Name
Sequanna Taylor 4 Milwaukee

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
8/8/19	Sequanna Taylor 6504 N 55 th St Milw WI 53223 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Loan	250.00	
10/13/19	Michael L Giaberc 3308 W Juneau ave Milw, WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	20.00	
10/14/19	Benjamin Word 2411 E. Newberry Blvd Milw WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Exec. Dir. of MTEA	25.00	
10/15/19	Gary Goyke 130 Lakewood Blvd Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Consultant	100.00	
10/16/19	Megan O'Halloran 2314 West Manchester ave Milw, WI 53221 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Acct Mgr United Way	20.00	
10/14/19	Bruce Colbarn 3905 N Farwell ave Milw WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	retired	50.00	
10/17/19	LaTonya Johnson 2350 N 4 th Milw WI 53210 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Elected	40.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 505.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 505.00

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Sequenna Taylor 4 Milwaukee

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
10/22/19	Chevy For Milwaukee 5027 W North ave Milw, WI 53208 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	50.00
	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	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 50.00
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 50.00

Complete Committee Name
Sequana Taylor 4 Milwaukee

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
11/30/19	Educators Credit Union 2025 W Appleton Ave Milwaukee WI	Deposit Loyalty Payback	1.00
SUBTOTAL OTHER INCOME THIS PAGE			\$ 1.00
TOTAL ITEMIZED OTHER INCOME			\$
TOTAL OTHER INCOME			\$ 1.00

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Sequanna Taylor 4 BAIS Underklee

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
8/5/19	BP Gas Station Milw, WI Check if: <input type="checkbox"/> In-Kind Offset	gas	11.63
8/26/19	Uber, Com CA Check if: <input checked="" type="checkbox"/> In-Kind Offset	Transportation	16.38
8/30/19	Uber, com CA. Check if: <input type="checkbox"/> In-Kind Offset	Transportation	17.63
9/4/19	Uber Trip Help Check if: <input type="checkbox"/> In-Kind Offset	Transportation	15.40
9/10/19	Uber Trip Help Check if: <input type="checkbox"/> In-Kind Offset	Transportation	12.86
10/16/19	Sequanna Taylor Check if: <input type="checkbox"/> In-Kind Offset	Loan Repayment	250.00
10/21/19	Uber Trip Help Check if: <input checked="" type="checkbox"/> In-Kind Offset	Transportation	19.80
10/23/19	Uber Trip Help Check if: <input type="checkbox"/> In-Kind Offset	Transportation	21.82

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 365.52

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 365.52

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Syuanne Taylor 4 Milwaukee

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
10/23/19	Uber Trip Help Check if: <input type="checkbox"/> In-Kind Offset	Transportation	21.39
10/24/19	Uber Trip Help Check if: <input checked="" type="checkbox"/> In-Kind Offset	Transportation	6.39
10/25/19	Uber Trip Help Check if: <input checked="" type="checkbox"/> In-Kind Offset	Transportation	21.64
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 49.37
TOTAL ITEMIZED EXPENDITURES	\$ 365.52
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 414.89

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

Complete Committee Name
Sequanna Taylor 4 Milwaukee

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
8/8/19	<i>Sequanna Taylor 5350 N 1st St Milwaukee WI 53223</i>	1699.00	250.00	250.00	1699.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 1699.00

TOTAL OUTSTANDING LOANS \$ 1699.00