

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

REC'D 210208 PM03:01

Is This Report an Amendment:  Yes  No

10

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

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Aleyah Anderson

Street Address

3602 N. 20<sup>th</sup> street

City, State and Zip Code

Milwaukee WISCONSIN 53206

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 \_\_\_\_\_  
 July Continuing \_\_\_\_\_  Spring  Fall  Special  Termination Report  
 September Continuing \_\_\_\_\_  Pre-Election \_\_\_\_\_ also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

|   | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals  | \$ 528.36               | \$ 528.36                            |
| 1B. Contributions from Committees (Transfers-In)      | \$ 0                    | \$ 0                                 |
| 1C. Other Income and Commercial Loans                 | \$ 0                    | \$ 0                                 |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C) | \$ 528.36               | \$ 528.36                            |

**2. DISBURSEMENTS**

|  |           |           |
|--|-----------|-----------|
| 2A. Gross Expenditures                                 | \$ 498.35 | \$ 498.35 |
| 2B. Contributions to Committees (Transfers-Out)        | \$ 0      | \$ 0      |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 498.35 | \$ 498.35 |

**CASH SUMMARY**

|   |           |
|---|-----------|
| Cash Balance Beginning of Report  | \$ 528.36 |
| Total Receipts  | \$ 528.36 |
| Subtotal  | \$ 528.36 |
| Total Disbursements   | \$ 498.35 |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ 30.01  |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$        |
| <b>LOANS</b> (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<br>Aleyah Anderson | Signature of Candidate or Treasurer<br><i>Aleyah Anderson</i> | Date: 02/08/2021             |
| Email: aleyahanderson4mke@gmail.com                             |   | Daytime Phone: (312) 330-768 |

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  
Friends of Alayah Anderson

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 |
|------------|---|--|------------------------|-------------|
| 01/05/2021 | Rosland Anderson<br>Standards of Excellence<br>Training center LLC<br>6914 W. Appleton Avenue Milwaukee WI 53216<br>Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Self employed business                           | 443.36                 | 443.36      |
| 01/05/2021 | <del>XXXXXXXXXXXX</del><br>Kasia Robinson<br>4701 Charles Pl APT 1331<br>Plano TX 75093<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                                     |  | 60.00                  | 60.00       |
| 01/09/2021 | Rahenya Anderson<br>7030 N. Lincolnshire Circle<br>Milwaukee, WI<br>Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#   |  | 25.00                  | 25.00       |
|            | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#  |  |                        |             |
|            | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#  |  |                        |             |
|            | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#  |  |                        |             |
|            | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#  |  |                        |             |

|  |           |
|--|-----------|
| <b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>     | \$ 528.36 |
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>                  | \$ 528.36 |
| <b>TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS</b>    | \$ 0      |
| <b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b> | \$ 528.36 |

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
*Friends of Aleyah Anderson*

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

| Date           | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made   | Specific Purpose of Expenditure | Amount |
|----------------|--|---------------------------------|--------|
| 01/05/<br>2021 | Weber printing<br>3048 N. 34th<br>M. Waunakee, WI<br>53210<br>Check if: <input type="checkbox"/> In-Kind Offset                        | printing<br>campaign lit        | 443.36 |
| 01/09/<br>2021 | Fundraiser Food<br>Case in Subs<br>2905 N. Oakland Avenue<br>M. Waunakee WI 53211<br>Check if: <input type="checkbox"/> In-Kind Offset | Fundraiser Food                 | 54.99  |
|                | 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 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 | \$ 498.35 |
| TOTAL ITEMIZED EXPENDITURES              | \$ 498.35 |
| TOTAL UNITEMIZED EXPENDITURES            | \$        |
| TOTAL EXPENDITURES                       | \$ 498.35 |