REC'D

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

2014 JUL 21 PM 3:30

CLERK COMMISSIONERS
CITY OF MILWAUKEE

Is this report an Amendment? YES (NO)

COMMITTEE IDENTIFICATION	
Name of Committee	Friends of Jim Bohl
Address	3213 N. Colonial Dr.
City, State, ZIP	Milwaukee, WI 53222

OFFICE USE ONLY
WSEB # ID

Please check if address is different than previously reported ____

NAME OF REPORT (Please circle)					
	Jan 20__ Continuing	Pre-Primary 20__	Spring	Fall	Special
	July 2014 Continuing	Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	Column B	Audited Totals	
1. RECEIPTS	This Period	YTD	Office Use Only	
A. Contributions including Loans from Individuals	$ 500.00	$500.00		
B. Contributions from Committees (Transfers-In)	$ -	$ -		
C. Other Income and Commercial Loans	$ 13.97	$ 54.93		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ 513.97	$ 554.93		
1. DISBURSEMENTS				
A. Gross Expenditures	$ 7,579.00	$9,944.35		
B. Contributions to Committees (Transfers-Out)	$ -	$552.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 7,579.00	$10,496.35		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 58,949.26			
Total Receipts	$ 513.97			
Subtotal	$ 59,463.23			
Total Disbursements	$ 7,579.00			
CASH BALANCE AT END OF REPORT	$ 51,884.23			
INCURRED OBLIGATIONS (at close of period)	$ -			
LOANS (at close of period)				

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
CALLEEN M. BOHL	Calleen M. Bohl	7-20-14
	Daytime Phone	
	414-702-7478	

NOTE: The information on this form is required by ss. 11.06, 11.20, Wisconsin. Stats.
Failure to provide this information may subject you to the penalties os 11.60, 11.62, Wisconsin. Stas.

Friends of Jim Bohl

SCHEDULE 1-A **Contributions Including Loans from Individuals**

IN-KIND	CONDUIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	EMPLOYER	OCCUPATION	AMOUNT	YTD
		2/11/2014	Bastil	Dean	4460 Cherokee Dr.	Brookfield	WI	53045	Super Storage of Oconomowoc P.O. Box 262, Butler, WI 53007	Partner	$ 200.00	$ 200.00
		2/14/2014	Kang	Tom	1603 E. Bistlecone Dr.	Hartland	WI	53029	Value Beauty 6627 W. Fon du Lac Ave., Milw. 53217	Owner	$ 300.00	$ 300.00

Friends of Jim Bohl

SCHEDULE 1-B **Contributions from Committees**

IN-KIND	DATE		LAST	FIRST	ADDRESS	CITY	ST	ZIP			AMOUNT	YTD

Friends of Jim Bohl

SCHEDULE 1-C **Other Income and Commercial Loans**

	DATE		LAST	FIRST	ADDRESS	CITY	ST	ZIP			AMOUNT	YTD
	6/30/2014		Focus Credit Union		N88W14930 Main St.	Menomonee Falls	WI	53051		Account Interest	$ 13.97	$ 54.93

Friends of Jim Bohl

SCHEDULE 2-A

Gross Expenditures

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE
	1/8/2014	Hunger Task Force	201 S. Hawley St.	Milwaukee	WI	53214	Charitable Donation
	1/22/2014	Jim Bohl Trust	3213 N. Colonial Dr.	Milwaukee	WI	53222	Account Creation & Checks
	2/28/2014	Maistelman & Associates	8989 N. Port Washington Rd., 221	Milwaukee	WI	53217	Political Consulting
	5/28/2014	Maistelman & Associates	8989 N. Port Washington Rd., 221	Milwaukee	WI	53217	Political Consulting

- Continued

Schedule 2-A Cont.

AMOUNT
$50.00
$ 29.00
$ 5,000.00
$ 2,500.00

Friends of Jim Bohl

SCHEDULE 2-B

Contributions to Committees

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT

Friends of Jim Bohl

SCHEDULE 3-A

Incurred Obligations Excluding Loans

DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period

Friends of Jim Bohl

SCHEDULE 3-B

Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guaruntor (if any) Name and Address

Friends of Jim Bohl

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm	Description of Contribution	Estimated Amount	Estimated YTD

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm	Description of Contribution	Estimated Amount	Estimated YTD

SCHEDULE 3-E

Contributions Returned to Contributor

DATE OF ORIGINAL CONTRIB	NAME	ADDRESS	CITY	ST	ZIP	Amount Returned				

SCHEDULE 3-F

Contributions Donated to Charity or Common School Fund

DATE	NAME	ADDRESS	CITY	ST	ZIP	Reason	Amount			
1/8/2014	Hunger Task Force	201 S. Hawley Ct.	Milwaukee	WI	53214	Charitable Donation	$50.00			