

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

RECEIVED

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

COMMITTEE IDENTIFICATION

2015 AUG 10 P 2:46
CITY OF MILWAUKEE
ELECTION COMMISSION

Name of Committee: **Friends of Randy Jones**

Street Address: **2962 N. 51st Street**

City, State and Zip Code: **Milwaukee, WI. 53210**

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 2015 Pre-Election Spring Fall Special

Termination Report
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	\$2,272.22	\$2,272.22
1B. Contributions from Committees (Transfers-In)	\$0	\$0
1C. Other Income and Commercial Loans	\$0	\$0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$2,272.22	\$2,272.22

2. DISBURSEMENTS

2A. Gross Expenditures	\$997.77	\$997.77
2B. Contributions to Committees (Transfers-Out)	\$0	\$0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$997.77	\$997.77

CASH SUMMARY

Cash Balance Beginning of Report	\$0
Total Receipts	\$2,272.22
Subtotal	\$2,272.22
Total Disbursements	\$997.77
CASH BALANCE END OF REPORT	\$1,274.45
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$0
LOANS (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 Randy Jones	Signature of Candidate or Treasurer 	Date: <u>8-10-15</u>
	Email: <u>jones.randy49@yahoo.com</u>	Daytime Phone: <u>(414) 477-6442</u>

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Ok TR

Complete Committee Name
Friends of Randy Jones

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
3 / 8 / 15	Randy Jones 2962 n 51st Street	self	49.00	49.00
3 / 21 / 15	Randy Jones 2962 n 51st Street		73.42	122.42
4 / 8 / 15	Randy Jones 2962 n 51st Street		49.00	171.42
4 / 24 / 15	Randy Jones 2962 n 51st Street		599.00	770.42
4 / 24 / 15	Lynn Connolly 1034 E. Ogden Ave Milw. 53202	Retired	400.00	400.00
5 / 6 / 15	Randy Jones 2962 n 51st Street		45.00	815.42
5 / 8 / 15	Randy Jones 2962 n 51st Street		49.00	864.42
6 / 6 / 15	Daniel Connolly 3508 N 100th Street Milw.53222	Pilot,	400.00	400.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1664.42

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 0

Complete Committee Name
Friend of Randy Jones

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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
6 / 6 / 15	Nichole Connolly 3508 N 100th Street Milw. 53222	Homemaker	400.00	400.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
6 / 8 / 15	Randy Jones 2962 n 51st Street		49.00	913.42
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
6 / 26 / 15	Eric Johnson 6730 n 91st Street Milw. 53224	Business Owner, South Star Inc. 6122 N 76th Street Milw.	100.00	100.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
7 / 8 / 15	Randy Jones 2962 n 51st Street		49.00	962.42
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
7 / 10 / 15	Randy Jones 2962 n 51st Street		9.80	972.22
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
/ /				
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 607.80

TOTAL ITEMIZED CONTRIBUTIONS \$ 2,272.22

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 2,272.22

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Randy Jones

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
3 / 8 / 15	Campaign Partner, 16 Dudley St Fitchburg, MA 01420 Check if: <input type="checkbox"/> In-Kind Offset	Website- Monthly Bill	49.00
3 / 21 / 15	Vistaprint Check if: <input type="checkbox"/> In-Kind Offset	Business Cards	73.47
4 / 24 / 15	Hanson Dodge Creative, 220 E Buffalo St. Milw. 53202 Check if: <input type="checkbox"/> In-Kind Offset	Donation Envelopes	599.00
4 / 8 / 15	Campaign Partner, 16 Dudley St Fitchburg, MA 01420 Check if: <input type="checkbox"/> In-Kind Offset	Website- Monthly Bill	49.00
5 / 6 / 15	Democratic Party of WI, 15 N Pickney St. #200 Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	Donation	45.00
5 / 8 / 15	Campaign Partner, 16 Dudley St Fitchburg, MA 01420 Check if: <input type="checkbox"/> In-Kind Offset	Website- Monthly Bill	49.00
5 / 12 / 15	UW Credit Union, 2365 N Mayfair Rd. Milw. 53226 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Checks	25.50
6 / 8 / 15	Campaign Partner, 16 Dudley St Fitchburg, MA 01420 Check if: <input type="checkbox"/> In-Kind Offset	Website- Monthly Bill	49.00
7 / 8 / 15	Campaign Partner, 16 Dudley St Fitchburg, MA 01420 Check if: <input type="checkbox"/> In-Kind Offset	Website- Monthly Bill	49.00
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 987.97
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7 / 10 / 15	US Post Office, 5521 W Center St Milw. 53210 Check if: <input type="checkbox"/> In-Kind Offset	20- Stamps	9.80
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 9.80
TOTAL ITEMIZED EXPENDITURES			\$ 987.97
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 997.77