CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

RECEIVED
2016 JAN 14 P 1:20
CITY OF MILWAUKEE
ELECTION COMMISSION

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 2016 Continuing	Pre-Primary 20__	Spring	Fall	Special
	July 20__ Continuing	Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	$ 25.00	$ 25.00		
B. Contributions from Committees (Transfers-In)	$ -	$ -		
C. Other Income and Commercial Loans	$ 12.54	$ 25.00		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ 37.54	$ 50.00		
1. DISBURSEMENTS				
A. Gross Expenditures	$ 3,553.12	$ 3,653.12		
B. Contributions to Committees (Transfers-Out)	$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 3,553.12	$ 3,653.12		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 49,204.62			
Total Receipts	$ 37.54			
Subtotal	$ 49,242.16			
Total Disbursements	$ 3,553.12			
CASH BALANCE AT END OF REPORT	$ 45,689.04			
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: CALLEEN M. BOHL

Signature of Candidate or Treasurer: Calleen M. Bohl

Date: 1-13-16

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
		11/30/2015	Bohl	James	3213 N. Colonial Dr.	Milwaukee	WI	53222			$ 25.00	$ 25.00

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
	12/30/2015		Focus Credit Union		N88W14930 Main St.	Menomonee Falls	WI	53051	Account Interest		$ 12.54	$ 25.00

Friends of Jim Bohl

SCHEDULE 2-A

Gross Expenditures

in-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
	7/27/2015	Hispanic Chamber of Commerce-Wisconsin	1021 W. National Ave.	Milwaukee	WI	53204	Fiesta BrewersTailgate ticket cost	$ 50.00
	12/5/2015	Todd Peterson	2339 N. 59th St.	Milwaukee	WI	53210	Campaign consulting/work	$ 3,400.00
	12/7/2015	Weber Printing Company	3048 N. 34th St.	Milwaukee	WI	53210	Nomination papers printing cost	$ 79.20
	12/9/2015	Focus Credit Union	N88W14930 Main St.	Menomonee	WI	53051	Cost for replacement checks	$ 23.92

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

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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			