

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

RECEIVED

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CITY OF MILWAUKEE
ELECTION COMMISSION

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF MICHAEL BONDS

Street Address

3519 N. 50th ST

City, State and Zip Code

MILWAUKEE, WI 53216

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 2016 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
IA. Contributions (Including Loans) from Individuals	\$ 1304. ⁰⁰ / ₁₀₀	\$ 1304. ⁰⁰ / ₁₀₀
IB. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
IC. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1304. ⁰⁰ / ₁₀₀	\$ 1304. ⁰⁰ / ₁₀₀

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 1206.78	\$ 1206.78
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1206.78	\$ 1206.78

CASH SUMMARY

Cash Balance Beginning of Report	\$ 25.59
Total Receipts	\$ 1304.00
Subtotal	\$ 1329.59
Total Disbursements	\$ 1206.78
CASH BALANCE END OF REPORT	\$ 122.81
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 Michael BONDS	Signature of Candidate or Treasurer <i>Michael Bonds</i>	Date: 01-15-16
	Email: friends@michaelbonds.com	Daytime Phone:

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.

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF MICHAEL BONDI

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
1-7-16	CLARK GRAPHICS 2915 N. OAKLAND AVE MEL. WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	RAIDRAISER INVITATION ENVELOPES	\$97-68
12-22-15	SIGNS + BANNERS TODAY 7854 W. APPLETON AVE MEL. WI 532 Check if: <input type="checkbox"/> In-Kind Offset	YARD SIGN HANGERS	\$95-04
12-17-15	CLARK GRAPHICS 2915 N. OAKLAND AVE MEL. WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN FLYERS	\$188-50
12-15-15	SIGNS + BANNERS TODAY 7854 W. APPLETON AVE MEL WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	YARD SIGNS	\$626-53
12-7-15	CLARK GRAPHICS 2915 N. OAKLAND AVE MEL. WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN FLYERS	\$199-03
	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 \$ 1206-78

TOTAL ITEMIZED EXPENDITURES \$ 1206-78

TOTAL UNITEMIZED EXPENDITURES \$ 0

TOTAL EXPENDITURES \$ 1206-78

Complete Committee Name
FRIENDS OF MICHAEL BONDS

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
12-14-15	ELIZABETH COGGS MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ADMINISTRATOR	\$150.00	\$150.00
12-7-15	CHARLES WHITE 3518 N. 5TH BLVD MELW WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	\$200	200
12-11-15	LINDA STEWART 3233 N. 5TH ST MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED ADMINISTRATOR	\$100	\$100
12-11-15	FRED STEWART 3233 N 5TH MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED EDUCATOR	\$100	\$100
1-12-14	HATTIE DANFELS HOLY REDEMER MIL WI 53209 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	EDUCATOR	\$100	\$100
12-14-15 1-5-16	MICHAEL BONDS 3519 N. 50TH ST MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	CANDIDATE	\$174	\$174
12-11-15	WELDON DYE MIL. WISCONSIN Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED EDUCATOR	\$380	\$380

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1204 1204

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1204 1204

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1304 1304

Complete Committee Name
FRIENDS OF MICHAEL BONDS

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
12-1-15	MARVIN PRATT 4045 N. 16 TH ST MIL. WI. 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED ELECTED OFFICIAL	\$100 ⁰⁰	\$100 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#			
	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#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 100	100
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 304	304

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF MICHAEL BONDS

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		\$0
	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		
	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		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 0

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS of Michael BONDS

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

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	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			
	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			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	\$0
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	\$0

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name

FRIENDS OF MICHAEL BONDS

N/A

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ <u>0</u>			
		TOTAL ITEMIZED OBLIGATIONS \$			
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$			
		TOTAL INCURRED OBLIGATIONS \$ <u>0</u>			

SCHEDULE 3-B

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

Complete Committee Name
FRIENDS OF MICHAEL BONDS

N/A

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
/ /					

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

\$

0

TOTAL OUTSTANDING LOANS

\$

0