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CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

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Is This Report an Amendment: ☐ Yes ☑ No

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

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF G SPENCER COGGS

Street Address: 7819 W. POTOMAC AVE

City, State and Zip Code: MILWAUKEE, WISC. 53222

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	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 9350-	$
1B. Contributions from Committees (Transfers-In)	$ —	$
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 9350-	$
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 3400-	$
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 3400-	$

CASH SUMMARY

Cash Balance Beginning of Report	$ 8078.42
Total Receipts	$ 9350 —
Subtotal	$ 17428.42
Total Disbursements	$ 3400 —
CASH BALANCE END OF REPORT	$ 14028.42
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$
LOANS (Balance at the Close of This Period-3B)	$

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: SPENCER COGGS

Signature of Candidate or Treasurer: [signature] Date: 1-15-16

Email: SPENCERCOGGS@GMAIL.COM Daytime Phone: 414-6404033

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.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF G SPENCER COGGS

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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
9-29-15	SPENCER COGGS 7819 W. POTOMAC AV MILW, WI 53222 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	CITY TREASURER 200 E. WELLS Rm 103 MILW, WI 53202	2000 —	
11/24/15	JAMES KLANJBOR 318 E. PLAINFIELD AV MILW, WI 53207 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	DEPUTY CITY TREASURER 200 E WELLS RM 103 MILW, WI 53202	250 —	
11/24/15	DIANE KLANJBOR 318 E. PLAINFIELD AV MILW, WI 53207 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		250 —	
11/24/15	SPENCER COGGS 7819 W. POTOMAC AV MILW, WI 53222 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	CITY TREASURER 200 E. WELLS RM 103 MILW, WI 53202	1000 —	
12/9/15	SPENCER COGGS 7819 W POTOMAC AV MILW, WI 53222 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	"	1500 —	
12/31/15	SPENCER COGGS 7819 W POTOMAC AV MILW, WI 53222 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	"	4350 —	
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 9350	
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 9350	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF G SPENCER COGGS

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
12/9/15	URBAN MEDIA 2419 N. 2ND ST MILW, WI 53206 Check if: ☐ In-Kind Offset	CAMPAIGN ACTIVITIES INCLUDING NOMINATION PAPERS	3400 —
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 3400 —
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 3400 —