

**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

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF KHALIF RAINEY

Street Address

3927 N 58th STREET

City, State and Zip Code

MILWAUKEE, WI 53216

2016 FEB -8 P 3:24

CITY OF MILWAUKEE
ELECTION COMMISSION
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 *2016* Spring Fall Special
 July Continuing 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

IA. Contributions (Including Loans) from Individuals	\$ <i>8,303.00</i>	\$ <i>8,303.00</i>
IB. Contributions from Committees (Transfers-In)	\$ <i>2,102.00</i>	\$ <i>2,102.00</i>
IC. Other Income and Commercial Loans	\$ <i>173.76</i>	\$ <i>173.76</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>10,578.76</i>	\$ <i>10,578.76</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>1,789.29</i>	\$ <i>1,789.29</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>1,789.29</i>	\$ <i>1,789.29</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1,250.92</i>
Total Receipts	\$ <i>10,578.76</i>
Subtotal	\$ <i>11,829.68</i>
Total Disbursements	\$ <i>1,789.29</i>
CASH BALANCE END OF REPORT	\$ <i>10,040.39</i> <i>10,040.39</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>1,500.00</i>

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 <i>CHARLOTTE CANNON-SAIN</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>2/3/2016</i>
		Daytime Phone:

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.

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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
2/1/16	RICHARD BARRET 260 E HIGHLAND AVE SUITE 401 MILWAU, WI 53202	Developer, Founder Barret Visionary Development 260 E Highland Suite 401 Milwaukee WI 53202	801.00	801.00
2/1/16	TAN LO 3100 N BEACH DR FOX POINT, WI 53217	Developer BARRET VISIONARY DEVELOPMENT 260 E Highland Suite 401 Milwaukee WI 53202	801.00	801.00
2/1/16	ALEXANDER LASBY 399 PARK AVENUE 6TH FLOOR NEW YORK, NY 10022	Vice President, Strategy + Operations MILWAUKEE BUCKS 1543 N. 2nd St Milwaukee WI 53212	801.00	801.00
2/1/16	JOANNE BRUNAU 929 N ASTOR ST #1901 MILWAUKEE, WI 53202	Retired N/A	200.00	200.00
2/1/16	NATHANIEL GARDY 1708 N 40th St MILW, WI 53208	Investigator, Gruber Law Offices 100 E Wisconsin Ave Milwaukee, WI 53202	200.00	200.00
1/25/16	DOUGLAS CARLSON 730 W LARAMIE LN BAYSIDE, WI 53217	Senior VP, KBS 4425 W Mitchell St Milwaukee, WI 53214	400.00	400.00
1/25/16	BARBARA KLEIN 5457 STATE RD 33 HARTLAND WI 53029	Retired N/A	400.00	400.00
1/25/16	EMER BRENNEMAN W 6798 COUNTY ROAD P PARDEEVILLE, WI 53954-9309	Retired N/A	400.00	400.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$4003.00

TOTAL ITEMIZED CONTRIBUTIONS

\$4003.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$4003.00

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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
1/25/16	MICHAEL KLIEN 239 E. CHICAGO ST #70 MILWAU, WI 53202	Developer, KBS 4425 W Mitchell St Milwaukee, WI 53214	400 ⁰⁰	9400 ⁰⁰
1/25/16	BARBARA TOLES 3835 N 56TH ST MILWAU, WI 53216	Retired N/A	100 ⁰⁰	9100 ⁰⁰
1/25/16	YANINA GOBERMAN 111 W CHEROKEE CIR POX POINT, WI 53217	Owner Polegas Liquor 3179 W 37th St Milwaukee WI 53216	200 ⁰⁰	4200 ⁰⁰
1/25/16	DENNIS KLEIN 4425 W MITCHELL ST MILWAUKEE, WI 53214	Developer, KBS 4425 W Mitchell St Milwaukee WI 53214	800 ⁰⁰	4800 ⁰⁰
1/27/16	BOBY NETTLES 233E. RAVINE ROAD BAYSIDE, WI 53217	Founder Generation Growth Capital 411 WI-32 Milwaukee WI 53202	800 ⁰⁰	800 ⁰⁰
1/27/16	ARON ALSTEIN 1567 W. ASTOR WOODS CT MERCER, WI 53092	United Milwaukee Scrap owner 3100 W concordia Ave Milwaukee WI 53216	200 ⁰⁰	\$200-
1/27/16	CLAIR KLEIN 1015 KATHARINE DR ELM GROVE, WI 53122	Housewife N/A	400 ⁰⁰	8400-
1/19/16	ALONZO CHAPMAN 6735 N 109th ST MILWAUKEE, WI 53224	Assistant Fire Chief Milwaukee County Fire Dept 5300 Howell Ave 53207	9100 ⁰⁰	9100 ⁰⁰

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$3,000.00

TOTAL ITEMIZED CONTRIBUTIONS

\$7,003.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$7,003.00

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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
1/19/16	RUSSELL STAMPER SR 7900 N PARK PLAZA CONDO UNIT 278 BROWN DEER, WI 53223	Retired/NA	400.00	400.00
1/19/16	O. SULTAN 5501 W LISBON AVE MILWAUKEE WI 53210	Owner, Clark Gas Station 5501 W LISBON AVE MILWAUKEE, WI 53210	400.00	400.00
1/05/16	RJ HARVEY, PHOTOGRAPHY PO BOX 100378 MILW, WI 53212	VOID Reported on 1-c	173.76	173.76
1/05/16	IZMILA ALI 1338 N 42ND ST MILW, WI 53208	Congressional Staffer Office of Congresswoman Gwen Moore 2245 Rayburn House Bldg. Washington DC 20515	100.00	100.00
1/05/16	SATNAM SINGH KHERRA 15045 W LISBON RD BROOKFIELD, WI 53005	Owner, North End Beverage Center 4409 W Fond Du Lac Ave MILWAUKEE, WI 53216	400.00	400.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1,300.00

TOTAL ITEMIZED CONTRIBUTIONS

\$8,303.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$8,303.00

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1/5/16	R.J. HARALI PHOTOCOPY P.O BOX 100338 MILWAU, WI 53212	Refund	\$173.76
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount
/ /		Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE	\$ 173.76
TOTAL ITEMIZED OTHER INCOME	\$ 173.76
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$ 0
TOTAL OTHER INCOME	\$ 173.76

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF KHALIF RAHMY

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
1/4/16	ANTHONY PEARSON 3165 N 41ST ST MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSER	70.00
1/11/16	United States Postal Service Check if: <input type="checkbox"/> In-Kind Offset	MAILING/POSTAGE	49.00
1/13/16	KALOMBO KUDILVA 2415 N 49th ST MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSER	100.00
1/11/16	WEBER PRINTING 3048 N 54th ST MILW WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING JOBS	420.28
1/11/16	RICHARD DIAZ 3959 N 26th Street MILW WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	105.00
1/13/16	ANTHONY PEARSON 3165 N 41st ST MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING	165.00
1/19/16	ANTHONY PEARSON 3165 N 41st ST MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING/ DRIVER	130.00
1/26/16	United States Postal Svcs Check if: <input type="checkbox"/> In-Kind Offset	MAILING/ POSTAGE	70.00
1/25/16	ANTHONY PEARSON 3165 N 41st ST MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CANVASSING/ DRIVER	230.00
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1,339.28
TOTAL ITEMIZED EXPENDITURES			\$ 1,339.28
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 1,339.28

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF KHALIF RAHIMY

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
1/29/16	The Pivot Group 1720 I STREET, NW SUITE 80 WASHINGTON, DC 20006 Check if: <input type="checkbox"/> In-Kind Offset	Photo shoot, graphic design	\$450.00
1/29/16	NORTH MIW STATE BANK 5630 W FONDULAC AVE MIW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Bank Charge	.01
/ /	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 \$ 450.01

TOTAL ITEMIZED EXPENDITURES \$ 1,789.29

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0

TOTAL EXPENDITURES \$ 1,789.29

SCHEDULE 3-B

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

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /	<u>Khalif Rainey 3927 N 58th Street MILWAUKEE WI 53214</u>	<u>1,500⁰⁰</u>	<u>0</u>	<u>0</u>	<u>1,500⁰⁰</u>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$