

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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CITY OF MILWAUKEE
ELECTION COMMISSION

OFFICE USE ONLY

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 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 Pre-Primary Spring Fall Special
 July Continuing Pre-Election 2016 Termination Report also complete Schedule 4
 September Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 3404.71	\$ 5,679.46
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)	\$ 3404.71	\$ 5,679.46
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 2029.04	\$ 4,422.15
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2029.04	\$ 4,422.15

CASH SUMMARY

Cash Balance Beginning of Report	\$ 4.45
Total Receipts	\$ 3404.71
Subtotal	\$ 3409.16
Total Disbursements	\$ 2029.04
CASH BALANCE END OF REPORT	\$ 1380.12
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: 3-28-16
	Email: Friends of Michael Bonds@gmail.com	Daytime Phone: (414)

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.

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
3-25-16	NICOLAS ANTON 734 SOUTH 5TH ST MIL. WI 53204 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	100	100
3-25-16	TERENCE FARK 1910 E EYCLIPSE MIL. WI. 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED EDUCATOR/ SCHOOL BOARD MEMBER	100	100
3-25-16	MARVEN PRATT 4045 N. 16TH MIL. WI. 53209 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED ELECTRIC CAPITOL	100	500 see p. 2 or 3
① 3-25-16	CHARNIET KAUR W 127 N 6370 SUMMIT MILWAUKEE, WI 53051 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	200	400
② 2-18-16			2 checks (\$200 each)	
2-10-16	E J W ELECTRIC 2934 N. 36TH ST MIL. WI. 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS (LLC)	\$300	\$700
2-10-16	JAMES HALL 1919 N. SUMMIT MILWAUKEE WI 53201 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ATTORNEY	25	25
2-10-16	JAMES HEAVY 3779 N. 54TH BLVD MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED EDUCATOR	50	100

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1075	1925
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1075	1925
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1075	1925

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
2-24-16	HOWARD FULLER 3364 N. W 44th MIL. WI 53216	EDUCATOR	500	500
3-1-16	MARVIN PRATT 4045 N. 16th MIL. WI 53209	RETIRED ELECTED OFFICIAL	200	100 200 see page 1-3
2-18-16	MICHAEL BONDS 3519 N. 50th St MIL. WI 53214	CANDIDATE * (NOT SPECIAL REIMBURSEMENT)	129.71	539.71
2-10-16	LENA STEWART 3337 N. 5th Blvd MIL. WI 53216	RETIRED EDUCATOR	\$100	200
2-10-16	WILLIAM MARTIN (PERMCONTR) MIL. WI	BUSINESS CONSULTANT	100	100
2-10-16	ELMER ANDERSON (PERMCONTR) MIL. WI	RETIRED EDUCATOR	\$100	\$100

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1,129.71	1439.71
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1,129.71	1439.71
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1,129.71	1439.71

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
2-9-16	John Walton 855 Honey Suckle Ave West Chicago, Illinois 60185	Business Owner	500	500
2-9-16	JENNIFER GAURI 4889 N. HERMITAGE AVE CHICAGO, ILLINOIS 60640	Business Owner	500	500
2-26-16	ANDECKIT * J HENSDA (BETHLEHEM)	Business Owner	\$200	200

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1200	1200
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1200	1200
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1200	1200

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF MECHANICAL BONDS

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	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-In) THIS PAGE		\$ <u>0</u>
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u>0</u>

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

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 Source of Income	Type of Income	Amount
			
SUBTOTAL OTHER INCOME THIS PAGE			\$
TOTAL ITEMIZED OTHER INCOME			\$
TOTAL OTHER INCOME			\$ 

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

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 Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2-1-16	POINTER MARKETING 7019 STATE ROAD 144 N WEST BEND, WI 53090 Check if: <input type="checkbox"/> In-Kind Offset	POLITICAL LITERATURE	\$ 323 ⁰⁰ / ₀₀
2-25-16	STUNS + BANNERS 7854 W. APPLETON AVE. MCL. WI 53218 Check if: <input type="checkbox"/> In-Kind Offset	WIRES FOR YARD STUNS	\$ 95 ⁰⁴ / ₀₀
2-19-16	POINTER MARKETING 7019 STATE ROAD, 144 N WEST BEND, WI 53090 Check if: <input type="checkbox"/> In-Kind Offset	POLITICAL LITERATURE	\$ 311 ⁰⁰ / ₀₀
2-12-16	POINTER MARKETING 7019 STATE ROAD 144 N WEST BEND, WI 53090 Check if: <input type="checkbox"/> In-Kind Offset	POLITICAL LITERATURE + MAILING	\$ 1,300 ⁰⁰ / ₀₀
	Check if: <input type="checkbox"/> In-Kind Offset		
	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	\$ 2,029 ⁰⁴ / ₀₀
TOTAL ITEMIZED EXPENDITURES	\$ 2,029 ⁰⁴ / ₀₀
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 2,029 ⁰⁴ / ₀₀

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	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		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	

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				<i>\$0</i>
		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					\$ <i>0</i>
TOTAL ITEMIZED OBLIGATIONS					\$
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					\$
TOTAL INCURRED OBLIGATIONS					\$ <i>\$0</i>

SCHEDULE 3-B

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

Complete Committee Name
FRIENDS OF MICHAEL BOND

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

\$

TOTAL OUTSTANDING LOANS

\$

9

