

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

REC'D

Is This Report an Amendment: Yes No

2015 FEB -2 PM 1:50

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

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF MICHAEL BONDS
 Street Address: 3519 NORTH 50TH ST
 City, State and Zip Code: MILWAUKEE, WI 53216

STATE OF WISCONSIN
OFFICE OF CAMPAIGN FINANCE

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 2015 Pre-Primary Spring Fall Special
 July Continuing Pre-Election Spring Fall Special 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	\$ <u>2425</u>	\$ <u>2425</u>
1B. Contributions from Committees (Transfers-In)	\$ <u>0</u>	\$ <u>0</u>
1C. Other Income and Commercial Loans	\$ <u>0</u>	\$ <u>0</u>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>2425</u>	\$ <u>2425</u>
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <u>1796.23</u>	\$ <u>1796.23</u>
2B. Contributions to Committees (Transfers-Out)	\$ <u>100.00</u>	\$ <u>100.00</u>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>1796.23</u>	\$ <u>1796.23</u>

1796.23
←

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>339.80</u>
Total Receipts	\$ <u>2425.00</u>
Subtotal	\$ <u>2764.80</u>
Total Disbursements	\$ <u>1796.23</u>
CASH BALANCE END OF REPORT	\$ <u>668.57</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <u>0</u>
LOANS (Balance at the Close of This Period-3B)	\$ <u>0</u>

(414) 766-3236

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 <u>MICHAEL BONDS</u>	Signature of Candidate or Treasurer <u>FRIENDS OF MICHAEL BONDS & CONNELL.COM</u>	Date: <u>2-1-15</u>
	Email: <u></u>	Daytime Phone: <u>766-3236</u>

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.

GAB-2L (Rev. 03/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

OR
(2) 1117-7577(H)

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7-23-14	JAMES HALL 1919 N. Summit Ave Mil. WI 53202	ATTORNEY	\$30 ⁰⁰ / ₀₀	\$30 ⁰⁰ / ₀₀
7-23-14	HAROLD MOORE 2163 N. 28th Milw WI 53208	MINISTER	\$150 ⁰⁰ / ₀₀	\$150 ⁰⁰ / ₀₀
7-13-15 8-7-14	BEM COOKS 2960 N. 7th Mil. WI 53212	TEACHER MPS 5225 W. Vliet St Mil. WI 53208	\$100 \$100 (2 donations)	\$200 ⁰⁰ / ₀₀
7-23-14	MARGARET BUTLER 2517 N. Grant Blvd Mil. WI 53210	RETIREE	25	25 ⁰⁰ / ₀₀
7-23-14	JOHNNY THOMAS 4755 N. 79th St Milw. WI 53216	BUDGET/FISCAL ASSISTANT MPS 5225 W. Vliet St Mil. WI 53214	\$50 ⁰⁰ / ₀₀	50 ⁰⁰ / ₀₀
7-23-14	GERARD RANDALL 112. E Brown St Mil. WI 53212	EDUCATOR MILWAUKEE EDUCATOR UNION 740 W. Wisconsin Ave Milw WI 53202	300 ⁰⁰ / ₀₀	300 ⁰⁰ / ₀₀
7-23-14	LEIDA STEWARD 3337 N. 5th Blvd Milw. WI 53214	RETIREE → SAME	500 ⁰⁰ / ₀₀	500 ⁰⁰ / ₀₀
7-23-14	RUSSEL STAMPER 2437 N. Sherman Blvd Mil. WI 53210	ADDERMAN CITY OF MILWAUKEE 200 E. Wells St Mil. WI 53201	\$500 ⁰⁰ / ₀₀	50 ⁰⁰ / ₀₀

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1305 ⁰⁰ / ₀₀
TOTAL ITEMIZED CONTRIBUTIONS	\$ 2425 ⁰⁰ / ₀₀
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 2425 ⁰⁰ / ₀₀

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7/23/14	LADETTA AUSTIN PO BOX 090731 MILWAUKEE WI 53216	EDUCATOR CYP MILWAUKEE WI 53216	\$25.00	25.00
7/23/14	MEKE DAWN 2815 N. 67TH ST MILWAUKEE WI 53210	RETIREE	\$100.00	\$100.00
7/23/14	RUSSEL THOMAS 1254 N. 20TH MILWAUKEE WI 53214	RECREATION SUPERVISOR MPS 5225 W. VILLET ST MILWAUKEE WI 53214	\$25.00	25.00
7/23/14	LAWRENCE ROTH 4246 W. HULLSTAD BLVD MILWAUKEE WI 53208	EDUCATOR CYP MILWAUKEE WI 53216	\$35.00	\$35.00
7-23-14	MARK SAN 6126 N. 118TH MILWAUKEE WI 53225	BETREEE / SCHOOL BUS MEMBER MPS 5225 W. VILLET ST MILWAUKEE WI 53208	\$100	\$100
7/23/14	EALC EUBANK 3718 N. 53RD MILWAUKEE WI 53218	RETIREE	\$50.00	\$50
7/23/14	GEORGE MATTHEWS 3164 A N. 47TH MILWAUKEE WI 53216	UNKNOWN	30.00	30.00
7/23/14	ABDUL ISMAIL 6845 N. 53RD MILWAUKEE WI 53223	BUSINESSMAN UNIVERSAL CORP. MILWAUKEE WI 53223	400.00	400.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 765

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2425.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2425.00

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	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
7/23/14	LARRY MILLER 2584 N. FARWELL MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	RETIRED BRANCO/ SCHOOL BOARD MEMBER MPS 5825 W. VILLET ST MIL. WI 53208 Conduit Name:	\$ 100	\$ 100
7-23-14	UNKNOWN (DONATION LEFT IN BOX) Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	UNKNOWN Conduit Name:	\$ 500	\$ 500
7/23/14	MICHAEL BONDS 3519 H. 50TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	CANDIDATE/EDUCATOR 3519 H. 50TH ST MIL. WI 53214 Conduit Name:	\$ 500	\$ 500
7/23/14	OTHERS (DONATION SHEET MISSING) Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	UNKNOWN Conduit Name:	\$ 200	\$ 200
1/1				
7/23/14	DAVID BARRETT ART EAST STAR ST + WALKER PERSPECT MIL. WI 53201 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	ART WALLERY USED FOR FUND RAISE EVENT AND FOOD (IN-KIND) Conduit Name:	UNKNOWN	IN-KIND
1/1				
1/1				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 350
TOTAL ITEMIZED CONTRIBUTIONS	\$ 2425
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 5
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 2425

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
7/28/14	HALF PRICE BOOK SUNSHED ZIE PLAZA GREENFIELD, W. Check if: <input type="checkbox"/> In-Kind Offset	6 boxes of THANK YOU CARDS FOR CONTRIBUTORS	\$17 ⁰⁰ / ₀₀
7/29/14	U.S. BANK 5300 W. W. CAPITAL DRIVE MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	BOUNCED CHECK- POLITICAL CONTRIBUTOR	\$100 ⁰⁰ / ₀₀
8/5/14	U.S. POSTAL OFFICE 3900 N. 35TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	STAMPS TO MAIL THANK YOU CARD	19 ⁵⁰ / ₀₀
7/25/14	Michael BONDS 3517 N. 52ND ST MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	REIMBURSEMENT FOR FUNDRAISER SUPPLIES (NAME TAGS, SIGN A BUCK, ETC)	\$30 ⁰⁰ / ₀₀
8/7/14	U.S. BANK 5300 W. CAPITAL DRIVE MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	BANK SERVICE ANALYSES	\$8 ⁰⁰ / ₀₀
8/22/14	OFFICE DEPOT 5300 W. FARLAC AVE MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	Laptop for CAMPAIGN	232 ³¹ / ₀₀
9/12/14	BLACK FREIGHTS - GRAMMARD 800 W. GOODRICH MIL. WI 53227 Check if: <input type="checkbox"/> In-Kind Offset	SPONSORSHIP/ADVERTISING	\$100 ⁰⁰ / ₀₀
9/23/14	OFFICE DEPOT 5300 W. FARLAC AVE MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	ANTI-VIRUS, ANTI- SOFTWARE MALWARE FLASHDRIVE	\$72 ⁸³ / ₀₀
12/1/14	DOLLAR TREE WARRIATUSA, WI Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN SUPPLIES (POSTERS, CLIP BOARDS, ETC FOR CAMPAIGN WORKERS)	21 ¹² / ₀₀

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 600 ⁸⁴ / ₀₀
TOTAL ITEMIZED EXPENDITURES	\$ 600 ⁸⁴ / ₀₀
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 440⁰⁰/₀₀ 0
TOTAL EXPENDITURES	\$ 1796 ²³ / ₀₀

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
11/24/14	ZARKEY HOWARD MIL. WI Check if: <input type="checkbox"/> In-Kind Offset	USED COMPUTER FOR CAMPAIGN PURPOSE	275.00
11/13/14 11-27-14	MICHAEL BONDS Check if: <input type="checkbox"/> In-Kind Offset	① ELECTRON COMMISSION CANDIDATE PACKAGE ② MERE PC → CELL PHONE SIGN UP FOR BAND-AID	\$25.00 \$55.00 80
12/1/14	CLANEE GRAPHICS Check if: <input type="checkbox"/> In-Kind Offset	10,000 POLITICAL FLYERS	\$467.81
12/1/14	CLARK GRAPHIC Check if: <input type="checkbox"/> In-Kind Offset	100 COPIES OF BLANK NOMINATION FORM	\$8.45
12/2/14	ZELNER BONDS JR 3734A N. 6TH MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	PAID CAMPAIGN WORKER - HELPED COLLECT SIGNATURES	40.00
12/3/14	ZELNER BONDS JR. 3734A N. 6TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	PAID CAMPAIGN WORKER - HELP COLLECT SIGNATURES	45.00
12/9/14	ZELNER BONDS JR 3734A N. 6TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	PAID CAMPAIGN WORKERS - HELP COLLECT SIGNATURES	40.00
12/5/14	ZELNER BONDS JR 3734A N. 6TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	PAID CAMPAIGN WORKERS - HELP COLLECT SIGNATURES	50.00
12/8/14	MICHAEL BONDS - REMEMBER 3519 N. 50TH ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	COPIES OF COMPLETED NOMINATION PAPERS - OFFICE DEPT	27.35

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 1033.61

TOTAL ITEMIZED EXPENDITURES \$ 1025.16

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 8.45

TOTAL EXPENDITURES \$ 1796.23

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name *N/A*

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

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

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

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

\$

0

TOTAL ITEMIZED OBLIGATIONS

\$

0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

0

TOTAL INCURRED OBLIGATIONS

\$

0

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

Complete Committee Name
FRIENDS OF MICHAEL BOYD 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 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 \$

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	\$ <i>0</i>
TOTAL OUTSTANDING LOANS	\$ <i>0</i>

N/A

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date