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CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: Yes No

2015 FEB -2 PM 12: 27

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

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Willie Wade
Street Address
3763 N. 53rd Street
City, State and Zip Code
Milwaukee, WI 53216

OFFICE OF ELECT. COMMISSIONERS
CITY OF MILWAUKEE

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

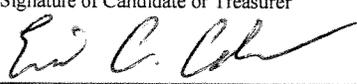
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 200.00	\$ 6,690.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 501.43	\$ 501.43
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 701.43	\$ 7191.43
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 7,128.96	\$ 11,997.98
2B. Contributions to Committees (Transfers-Out)	\$ 450.00	\$ 993.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 7,578.96	\$ 12,990.98

CASH SUMMARY

Cash Balance Beginning of Report	\$ 12,968.04
Total Receipts	\$ 701.43
Subtotal	\$ 13,669.47
Total Disbursements	\$ 7,578.96
CASH BALANCE END OF REPORT	\$ 6,090.51
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 Eric C. Coleman	Signature of Candidate or Treasurer 	Date: 2-2-15
		Daytime Phone: 414-517-7214

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 Willie Wade

Instructions for completing schedules are on the back of this form.

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
7/7/14	MARVIN PRATT 4045 N. 16th St Milwaukee, WI 53209	Retired	\$100.00	\$100.00
7/7/14	Saleh Saed 8675 S. Roxbury Way Oak Creek, WI 53154	OWNER MR. Stereo 5735 W. Hampton Av Milwaukee, WI 53218	\$100.00	\$100.00
8/15/1				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 200.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ —
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ —
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 200.00

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Willie Wade

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
7/16/14	Friends of Bria Grant 5735 W. Keefe Av. Milwaukee, WI 53216	VOID CHECK #3070	\$250.00
7/23/14	Res. Hotel/Savings	Refund of Room Hold	\$251.43
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SUBTOTAL OTHER INCOME THIS PAGE \$ 501.43

TOTAL ITEMIZED OTHER INCOME \$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$

TOTAL OTHER INCOME \$ 501.43

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Willie Wade

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
6/19/14	Res. Hotel Savings Check if: <input type="checkbox"/> In-Kind Offset	Hold-Hotel Room	\$ 251.43
6/20/14	Res. Hotel Savings Check if: <input type="checkbox"/> In-Kind Offset	Hold-Hotel Room	\$ 945.88
7/7/14	TCF NATIONAL BANK 800 Burr Ridge Pkwy Burr Ridge, IL 60527 Check if: <input type="checkbox"/> In-Kind Offset	Returned Deposited Item	\$300.00
7/7/14	TCF NATIONAL BANK 800 Burr Ridge Pkwy Burr Ridge, IL 60527 Check if: <input type="checkbox"/> In-Kind Offset	Return Deposited Item Fee	\$ 20.00
7/14/14	Best Buy 2401 N. Mayfair Rd Wauwatosa, WI 53222 Check if: <input type="checkbox"/> In-Kind Offset	Multi-media Supplies	\$ 26.39
7/14/14	Verizon Wireless PO. Box 1037 Folsom, CA 95763-1037 Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bill	\$ 283.60
7/16/14	TCF NATIONAL BANK 800 Burr Ridge Pkwy Burr Ridge, IL 60527 Check if: <input type="checkbox"/> In-Kind Offset	Stop Payment Fee (#3070)	\$35.00
7/15/14	Fellowship open -% Darlene Austin 411 E. Wisconsin Av Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Youth Organization Fundraiser	\$ 400.00
9/19/14	Fellowship open -% Darlene Austin 411 E. Wisconsin Av Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Youth Organization Fundraiser	\$ 600.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 2,862.30

TOTAL ITEMIZED EXPENDITURES \$ _____

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ _____

TOTAL EXPENDITURES \$ _____

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Friends of Willie Wade

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
9/19/14	Verizon Wireless P.O. Box 1037 Folsom, CA 95763-1037 Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bill	\$357.00
10/2/14	Office Depot 5433 W. Ford du Lac AV Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Multi-Media Supplies	\$32.71
10/2/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Hyatt Grand - D.C. Washington, D.C. Check if: <input type="checkbox"/> In-Kind Offset	Hold - Hotel Room	\$174.15
10/14/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Parklawn Assembly of God 3725 N. Sherman RD Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Outpouring Anniversary Banquet	\$105.00
10/17/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Verizon Wireless P.O. Box 1037 Folsom, CA 95763-1037 Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bill	\$150.13
10/18/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Pauline Redmond Coggs Foundation P.O. Box 18577 Milwaukee, WI 53218 Check if: <input type="checkbox"/> In-Kind Offset	Debutante Cotillion Scholarship Fund	\$265.00
11/20/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Clickbank Check if: <input type="checkbox"/> In-Kind Offset	Anti-virus Diagnosis Software	\$250.00
11/21/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Walmart 5825 W. Hope ST Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Digital Camera	\$90.82
11/21/14	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Walgreens 5115 W. Capitol Dr. Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Memory Card	\$58.07

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 1,482.88

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Willie Wade

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	CARL ELMS 3357 N. 37 ST MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN WORK	\$500.00
11/24/14	SANDRA JONES 3454-A N. 58 ST MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN WORK	\$500.00
11/24/14	Deborah Moore 4351 N. 50 ST MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN WORK	\$500.00
11/24/14	ERIC COLEMAN 9222 RIVERWOODS DR MILWAUKEE, WI 53224 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN WORK	\$500.00
11/24/14	Love From Afar - The Christopher Allen Williams Foundation 3936 LAVISTA RD - STE E Pmb 409 TUCKER, GA 30084 Check if: <input type="checkbox"/> In-Kind Offset	DONATION	\$240.00
12/7/14	Washington High School 2525 N. Sherman RD MILWAUKEE, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	Boys Basketball Program	\$250.00
12/15/14	Verizon Wireless P.O. Box 1037 Folsom, CA 95763-1037 Check if: <input type="checkbox"/> In-Kind Offset	Monthly Bill	\$293.78
/ /	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	\$2,783.78
TOTAL ITEMIZED EXPENDITURES	\$7,128.96
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$
TOTAL EXPENDITURES	\$7,128.96

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name **Friends of Willie Wade**

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
7/19/14	Friends of Bria Grant 5135 W. Keele Av Milwaukee, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$250.00	\$250.00
10/13/14	Friends of Martin Weddle 1929 N. 28 St Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$200.00	\$200.00
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, 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-Out) THIS PAGE		\$ 450.00	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 450.00	