

**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
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CITY OF MILWAUKEE
ELECTION COMMISSION
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: **FRIENDS OF MICHAEL BONDS**
Street Address: **3579 NORTH SOMER**
City, State and Zip Code: **MIL, 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 **2015** 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	\$ 225⁰⁰	\$ 2250⁰⁰
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)	\$ 225⁰⁰	\$ 2250⁰⁰
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 836⁵⁰	\$ 2892⁷⁸
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 836⁵⁰	\$ 2892⁷⁸

CASH SUMMARY

Cash Balance Beginning of Report	\$ 637⁰⁹
Total Receipts	\$ 225⁰⁰
Subtotal	\$ 862⁰⁹
Total Disbursements	\$ 836⁵⁰
CASH BALANCE END OF REPORT	\$ 25.59
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: 7-20-15
		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.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

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
4/20/17	MICHAEL BONDS 3519 N. 50th MIL. WI. 53216	CANDIDATE	\$25 ⁰⁰ / ₀₀	25
4/24/15	MARGARET BUTTER MIL. WI. 53216	RETIRED STATE ADMINISTRATOR	\$25 ⁰⁰ / ₀₀	25
4/13/15	SHIRLEY ELLIS MIL. WI. 53216	LEGISLATIVE MANAGER - CONGRESS WOMAN BURNING MOUNTAIN	\$50 ⁰⁰ / ₀₀	50
4/12/15	ALPHONSE THURMAN UWM MIL. WI. 53201	PROFESSOR	25 ⁰⁰ / ₀₀	25
4/13/15	AMY KOWALSKA MIL. WI.	EDITOR - MRS	50 ⁰⁰ / ₀₀	50 ⁰⁰ / ₀₀
4/13/15	MIKE DAN MIL. WI.	RETIRED CITY EMPLOYEE	\$50 ⁰⁰ / ₀₀	100
/ /				
/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 225⁰⁰/₀₀

TOTAL ITEMIZED CONTRIBUTIONS

\$ 225⁰⁰/₀₀

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 225

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

N/A

Complete Committee Name
FRIENDS of MICHAEL BONDI

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

Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date 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		
	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

\$ *0*

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ *0*

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF MICHAEL BORDS

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
5/4/15	MICHAEL BORDS 3519 N. SUM ST MIL. WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	Reimbursement for covering cost of Then found check	\$25 ⁰⁰ / ₀₀
4/17/15	MICHAEL BORDS MARTAS INDIVIDUAL Check if: <input type="checkbox"/> In-Kind Offset	pass at Litquake door-to-door (REIMBURSEMENT MICHAEL BORDS)	60 ⁰⁰ / ₀₀
4/4/15	U-S BANK 5300 W. CADILLAC DRIVE MIL. WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	BANK ANALYSIS FEE	8 ⁰⁰ / ₀₀
4/7/15	CLARKE GRAPHICS 2241 N. OAKLAND MIL. WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	Litquake printed for CAMPAIGN	323 ⁵⁰ / ₀₀
4/6/15	WRW Consulting MILWAUKEE, WI Check if: <input type="checkbox"/> In-Kind Offset	ROBO CALL	300 ⁰⁰ / ₀₀
4/6/15	VARIOUS CAMPAIGN WORKERS Check if: <input type="checkbox"/> In-Kind Offset	PAID AT DOOR-TO-DOOR FLYERS	120 ⁰⁰ / ₀₀
/ /	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

\$

836⁵⁰/₀₀

TOTAL ITEMIZED EXPENDITURES

\$

0

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

0

TOTAL EXPENDITURES

\$

836⁵⁰/₀₀

SCHEDULE 2-B

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

Fleets of MCHTEL Bonds

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
FRIENDS OF MICHAEL BONDS

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	\$	<u>0</u>
TOTAL ITEMIZED OBLIGATIONS	\$	<u>1</u>
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$	<u>0</u>
TOTAL INCURRED OBLIGATIONS	\$	<u>1</u>

SCHEDULE 3-B

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

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 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

\$

TOTAL OUTSTANDING LOANS

\$