

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

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2020 JUN 16 P 2:56

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 G SPENCER COGGS

Street Address

7819 W. POTOMAC AVE.

City, State and Zip Code

MILWAUKEE, WIS 53222

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 \_\_\_\_\_  
 July Continuing 2020  Spring  Fall  Special  Termination Report  
 September Continuing \_\_\_\_\_  Pre-Election \_\_\_\_\_ also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 2350 -	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 2350 -	\$
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 10,600	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 10,600	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 8425.26
Total Receipts	\$ 2350 -
Subtotal	\$ 10775.26
Total Disbursements	\$ 10600 -
<b>CASH BALANCE END OF REPORT</b>	\$ 175.26
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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	Signature of Candidate or Treasurer	Date:
G. SPENCER COGGS	<i>G. Spencer Coggs</i>	7/15/2020
	Email SPENCERCOGGS@GMAIL.COM	Daytime Phone: (414) 640-4033

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.

**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

**RECEIVED**

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Complete Committee Name  
**FRIENDS OF G SPENCER COGGS**

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CITY OF MILWAUKEE  
ELECTION CAMPAIGN

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
4/25/20	PAM ALEXANDER 1209 EMERSON ST NW WASHINGTON D.C. 20011  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	TEACHER	100-	
4/25/20	JAMES KLABOR 318 E. PLAINFIELD AVE. MILWAUKEE, WI. 53207  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	DEPUTY CITY TREASURER	200-	
4/25/20	MS. MARY HENRY 3779 N. 54 MILWAUKEE, WI 53216  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	TEACHER	50-	
4/25/20	G SPENCER COGGS 7819 W. POTOMAC AVE MILW, WI 53222  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	CITY TREASURER 2000-	2000-	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 2350-

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name

**FRIENDS OF G SPENCER COGGS**

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CITY OF MILWAUKEE  
ELECTION COMMISSION

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/15/20	URBAN MEDIA 2417 N. 2ND ST MILWAUKEE, WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	RADIO ADS, CAVASSING LIT. DISTRIBUTION NEWSPAPER ADS	5500-
4/25/20	SUPERIOR BLUE 4209 DANRIDGE TER. ALEXANDRA, VA 22309 Check if: <input type="checkbox"/> In-Kind Offset	MAILING LIT. AND CAMPAIGN WORK	5100-
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 10,600