

**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.

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CITY OF MILWAUKEE
ELECTION DIVISION
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Monique Kelly

Street Address

2515 N. 35th Street

City, State and Zip Code

Milw, WI 5390

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 *Feb 10* 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

\$ *2233.36* \$ *2233.36*

1B. Contributions from Committees (Transfers-In)

\$ *—* \$ *—*

1C. Other Income and Commercial Loans

\$ *—* \$ *—*

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ *2233.36* \$ *2233.36*

2. DISBURSEMENTS

2A. Gross Expenditures

\$ ~~*738.08*~~ *738.08* \$ ~~*738.08*~~ *738.08* *mk*

2B. Contributions to Committees (Transfers-Out)

\$ *—* \$ *—*

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ ~~*738.08*~~ *738.08* \$ ~~*738.08*~~ *738.08* *mk*

CASH SUMMARY

\$ *738.08* \$ *738.08* *mk*

Cash Balance Beginning of Report

\$ *—*

Total Receipts

\$ *2233.36*

Subtotal

\$ *2233.36*

Total Disbursements

\$ ~~*738.08*~~ *738.08* *mk*

CASH BALANCE END OF REPORT

\$ *0*

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ *—*

LOANS (Balance at the Close of This Period-3B)

\$ *1394.08*

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

Monique Kelly

Signature of Candidate or Treasurer

[Signature]

Date:

2/12/16

Email *Friends of Monique Kelly* Daytime Phone: *4146109655*

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 Monique Kelly

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
1/22/16	<i>Craig Peterson P.O. Box 1346 Milw, WI 53201</i>	<i>Buffalowater Boerco P.O. Box 1346 Milw, WI 53201</i>	<i>738⁰⁰</i>	<i>738⁰⁰</i>
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/15/16	<i>Norrisstown, PA Lynn Fields-19403 110 dydesdale circle</i>	<i>Senior Center Director 110 dydesdale circle 5818 Germantown Ave Philadelphia, PA</i>	<i>100⁰⁰</i>	<i>100⁰⁰</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/14/14	<i>TRANSFER IN Monique Kelly</i>	—	<i>1394⁶⁸</i>	<i>1394⁶⁸</i>
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ *838⁰⁸*

TOTAL ITEMIZED CONTRIBUTIONS

\$ *2233.76* *2233.76*

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ *838⁰⁸*

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name Friends of M. Kelly

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
1/22/14	Craig Peterson P.O. Box 1346 Milw, WI 53201 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Printing	738 ⁰⁸
/ /	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		
/ /	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	\$ 738 ⁰⁸
TOTAL ITEMIZED EXPENDITURES	\$ 738 ⁰⁸
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —
TOTAL EXPENDITURES	\$ 738 ⁰⁸

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name *Friends of Monique Kelly*

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
3/1/14	Monique Kelly 2515 N. 35th St Milw, WI 53208	1394 ⁰⁸	—	—	1394 ⁰⁸

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 \$ 1394⁰⁸
 TOTAL OUTSTANDING LOANS \$ 1394⁰⁸