

**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.

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF KHALIF RAINEY

Street Address

3927 N 58TH STREET

City, State and Zip Code

MILWAUKEE, WI 53216

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 2017 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	\$ 300.00	\$ 36,031.00
1B. Contributions from Committees (Transfers-In)	\$ 250.00	\$ 8,955.00
1C. Other Income and Commercial Loans	\$ —	\$ 287.34
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 550.00	\$ 45,273.34
2. DISBURSEMENTS		
2A. Gross Expenditures	\$.12	\$ 38,786.09
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ 150.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$ 38,936.09

CASH SUMMARY

Cash Balance Beginning of Report	\$ 7,638.29
Total Receipts	\$ 550.00
Subtotal	\$ 8,188.29
Total Disbursements	\$ (6.12)
CASH BALANCE END OF REPORT	\$ 8,188.17
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 1,500.00

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:
Charlotte Y. Cannon Swan	<i>[Signature]</i>	8/16/17
		Daytime Phone: 414 345 4243

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. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

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
7/5/16	KALAN HAYWOOD 710 N PLANKINGTON AVE SUITE 1400 MILW, WI 53208	Pres MILW YOUTH COUNCIL 200 E WELLS MILW WI 53202	\$300.00	\$300.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	300.00
TOTAL ITEMIZED CONTRIBUTIONS	\$	300.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	300.00

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF KHAUF RAINCY

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
7/5/16	WEC ENERGY GROUP POLITICAL ACTION CAMP. 231 W MICHIGAN MILW, WI 53203	0500313	\$ 250.00
	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 \$ 250

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ 250

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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
12/31/16	NMSB 7200 W Brown Deer Rd Milwaukee WI 53225 Check if: <input checked="" type="checkbox"/> In-Kind Offset	BANK July - SERVICE Dec 2016 CHARGES	.12
	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	\$.12
TOTAL ITEMIZED EXPENDITURES	\$.12
TOTAL UNITEMIZED EXPENDITURES	\$ 0-
TOTAL EXPENDITURES	\$.12

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D 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	<i>N/A</i>		
	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-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

[Handwritten Signature]

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

\$

TOTAL ITEMIZED OBLIGATIONS

\$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

TOTAL INCURRED OBLIGATIONS

\$

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

Complete Committee Name
FRIENDS OF KHALIF RAINEY

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 / 1	KHALIF RAINEY 3927 N 58th Street MILW WI 53216	\$1,500⁰⁰	—	—	\$1,500⁰⁰

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ **1,500**
TOTAL OUTSTANDING LOANS \$ **1,500**

[Signature]