

Received 7/17/2017

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN	OFFICE USE ONLY
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Instructions for completing schedules are on the back of each schedule.	
COMMITTEE IDENTIFICATION	
Name of Committee <i>Friends of Kabri Phelps Okoro</i>	
Street Address <i>2829 N. 2nd St.</i>	
City, State and Zip Code <i>Milwaukee, WI 53212-2409</i>	

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

<input type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	<input type="checkbox"/> Special	<input type="checkbox"/> Termination Report also complete Schedule 4
<input checked="" type="checkbox"/> July Continuing _____	<input type="checkbox"/> Pre-Election _____				
<input type="checkbox"/> September Continuing _____					

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 6,272.33	\$ 17,057.33
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ 89.76	\$ 89.76
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 6,362.09	\$ 17,147.09
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 6,295.66	\$ 15,623.09
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 6,295.66	\$ 15,623.09

CASH SUMMARY	
Cash Balance Beginning of Report	\$ 1,457.57 ✓
Total Receipts	\$ 6,362.09
Subtotal	\$ 7,819.66
Total Disbursements	\$ 6,295.66
CASH BALANCE END OF REPORT	\$ 1,524.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 4,900.00

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 <i>Ann C. Vogel</i>	Signature of Candidate or Treasurer <i>Ann C. Vogel</i>	Date: <i>7/17/17</i>	Daytime Phone: <i>(414) 466-0434</i>
	Email: <i>voget.ann@gmail.com</i>		

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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

OK *gvr*

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Kabri Phelps Okoro

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
<i>3/27/17</i>	<i>Kabri Phelps Okoro 2829 N. 2nd St. Milwaukee, WI 53212</i> Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	<i>Project Mgr.</i>	<i>\$4,900 LOAN</i>	<i>\$4,900</i>
<i>3/21/17</i>	<i>James Phelps 2422 N. Bluffton M.waukee, WI 53212</i> Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	<i>President - JCP Construction</i>	<i>\$1,052.33</i>	<i>\$2,052.33</i>
<i>3/21/17</i>	<i>Tim Syth 2829 N. 2nd St. M.waukee, WI 53212</i> Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	<i>Business Owner</i>	<i>\$320</i>	<i>\$320</i>
<i>4/30</i>	<i>Shorewood Press Refund</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		<i>\$89.76</i>	<i>\$89.76</i>

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ *6,362.09* *6,362.09*

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Kelli Plops Olson

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
3/27/17	<i>Weber Printing Company 3048 N. 32nd St. Milwaukee, WI 53210</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Printing</i>	<i>2,494.58</i>
3/29/17	<i>Printer Marketing Inc. 7019 State Rd. 144 N. West Bend, WI 53090</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Final Mailig</i>	<i>2,497.32</i>
4/3/17	<i>Milwaukee Courier</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Advertising</i>	<i>300.00</i>
4/3/17	<i>Community Journal</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Advertising</i>	<i>500.00</i>
5/4/17	<i>Shorewood Press 1700 E. Capitol Dr. Shorewood, WI 53211</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Printing</i>	<i>89.76</i>
4/3/17	<i>BMO Harris Bank</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Bank Fees</i>	<i>12.00</i>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ <i>6,295.66</i>
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <i>6,295.66</i>

SCHEDULE 3-B

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

Complete Committee Name
Friends of Kabi Phelps Okoro

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
3/27/17	<i>Kabi Phelps Okoro 2829 N. 2nd St. Milwaukee, WI 53212-2409</i>		<i>4,900</i>		<i>4,900</i>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor <i>Same</i>	Occupation <i>Project Manager</i>
	Amount Guaranteed Outstanding \$ <i>4,900</i>
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 \$

TOTAL OUTSTANDING LOANS \$ *4,900.00*

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
Friends of Kelli Phelps Okoro

Office Use Only

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.		
Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.		
Date	Endorser, Guarantor, or Creditor	Amount

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.

[Signature]
 Signature of Candidate or Treasurer

7/12/17
 Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.