CAMPAIGN FINANCE REPORT
STATE 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 HARRIET CALLIER

Street Address
3030 W Michigan St, #105

City, State and Zip Code
Milwaukee, WI 53208

OFFICE USE ONLY

GAB ID Number: 0105397

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

REPORT PERIOD

☐ January Continuing ..... ☒ Pre-Primary .....

☒ July Continuing 2012 ☐ 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	$ 100.00	$ 100.00
1B. Contributions from Committees (Transfers-In)	$ 250.00	$ 250.00
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$	$
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 350.00	$ 350.00
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$	$

CASH SUMMARY

Cash Balance Beginning of Report	$ - 0 -
Total Receipts	$ 350.00
Subtotal	$ 350.00
Total Disbursements	$ 350.00
CASH BALANCE END OF REPORT	$ - 0 -
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	Signature of Candidate or Treasurer	Date: 07/20/2012
Harriet C. Callier		Daytime Phone: 414-469-3985

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to p
ss 11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability I
608-266-8005

0105397-99

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name

FRIENDS OF HARRIET CALLIER

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds $100)	Amount of Contribution	Y-T-D Total
05/20/12	Harriet C Callier Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Independent Healthcare Administration Contractor	$100.00	$100.00
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 100.00	100.00
TOTAL ITEMIZED CONTRIBUTIONS	$ 100.00	100.00
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ - 0 -	- 0 -
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 100.00	100.00

SCHEDULE 1-B

RECEIPTS

Contributions from Committees

(Transfers-In)

Complete Committee Name

FRIENDS OF HARRIET CALLIER

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
06/08/12	FRIENDS OF LEON D YOUNG 2224 N 17th Street, Milwaukee, WI 53205 Check if: ☐ In-Kind ☐ Loan	0102990	$250.00	$250.00
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		$ 250.00	250.00
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		$ 250.00	250.00

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF HARRIET CALLIER

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
06/20/12	Harrison M Conner Check if: ☐ In-Kind Offset	Campaign Package: Media – Website Development Printing – Brochures Printing – Misc.	$350.00
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 350.00
TOTAL ITEMIZED EXPENDITURES	$ 350.00
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 350.00
TOTAL EXPENDITURES	$ 350.00