CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

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

RECEIVED
GOVERNMENT ACCOUNTABILITY BOARD
OFFICE USE ONLY

GAB ID Number: 105401

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF HAGGI

Street Address: 16940 TANGLEWOOD DRIVE

City, State and Zip Code: BROOKFIELD, WI. 53005

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 ____ ☐ Spring ☐ Fall ☐ Special

☒ July Continuing 7-31-12 ☐ Pre-Election ____

☐ 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	$ 18315.92	$ 23315.92
1B. Contributions from Committees (Transfers-In)	$ 0	$ 0
1C. Other Income and Commercial Loans	$ 500 -	$ 500 -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 18815-92	$ 23815-92
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 4571.10	$ 4721.10
2B. Contributions to Committees (Transfers-Out)	$ 0	$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 4571.10	$ 4721.10

CASH SUMMARY

Cash Balance Beginning of Report	$ 4850.00
Total Receipts	$ 18815-92
Subtotal	$ 23665.92
Total Disbursements	$ 4571.10
CASH BALANCE END OF REPORT	$ 19094-82
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 5000 -
LOANS (Balance at the Close of This Period-3B)	$ 565.92

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: 8/5/12
Michael	Michael	Daytime Phone: 414-431-1510

NOTE: The information on this form is required by ss.11.06, ... to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09) Form prescribed by the ... 608-266-8005.

0105401-105

3707-7984

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: FRIENDS OF HAQQI

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 Y Contribution	-T-D Total
7-7-12	IJAZ MALIK 10029 N. VINTAGE MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	see Attachment 1	500.00	500.00
7-15-12	SHAKAIB RAZZAQ 19175 Edmonton Dr. BROOKFIELD, WI. 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-13-12	NOMAN RAFIQ N105 W14722 LINCOLN GERMANTOWN, WI 53022 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	SHABBAR SAJJAD W130 N6631 DAYLILY Dr. MEN. FALLS, WI 53051 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	KHALED M. AHMED 10042 N. BROOKDALE Dr. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	FOZIA AHMED 10042 N BROOKDALE Dr. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	M TAKBAR 19385 KILLARNEY WAY BROOKFIELD, WI. 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		1000 —	1000 —

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 4000 —	4000 —
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: FRIENDS OF HAQQI

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 Y Contribution	-T-D Total
7-15-12	MOHAMMED NWILATI 11130 N. BRIGHTON DR. MEQUON, WI. 53097 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	SEE ATTACHMENT	500 –	500 –
7-14-12	A. N. AKBAR, MD 10170 N. VINTAGE CT. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 –	500 –
7-14-12	KALIM BEG 2715 W. COUNTRY CLUB DR. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		1000 –	1000 –
7-14-12 –	ANJUM RAZZAQ 880 So. BROOKFIELD RD. BROOKFIELD, WI. 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		1000 –	1000 –
7-15-12	SYEDA R. HASSAN 19175 EDMONTON DR. BROOKFIELD, WI. 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 –	500 –
7-17-12 –	SAMI QURESHI 910 ELM GROVE RD. ELM GROVE, WI. 53122 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 –	500 –
7-12-12	KIM HUTKER 3912 OXBOW DR. WAUKESHA, WI. 53189 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		300 –	300 –

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 4300 –	4300 –
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: FRIENDS OF HAQQI

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 Y Contribution	-T-D Total
7-14-12	TANVIR KHAN DVM N54 W 25867 GLENRIDGE CT SUSSEX, WI. 53089 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	SEE ATTACHED	250 —	250 —
7-14-12	ARIF JAKA 261 CHURCH ~~AVE~~ DR. FONTANA, WI. 53125 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	MUHAMMAD Y KHAN, MD 10239 NO. WATERCREEK DR MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	MUHAMMAD Y KHAN, MDSC 1218 W. KILBOURN AVE MILW. WI. 53233	500 —	500 —
7-15-12	OMER AFZAL 3635 S. McINTOSH CT NEW BERLIN, WI. 53151 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-14-12	REHAN KHAN 7940 CHEVERNY DR. MEQUON, WI. 53097 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-22-12	NISAR SIDDIQUI 3270 FONDHAM CT BROOKFIELD, WI. 53005 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		1000 —	1000 —
7-20-12	ABBAS ALI 10843 N. PEBBLE LN. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	MEDPOINT FAMILY CARE CENTER, SC 2501 W. SILVER SPRING GLENDALE, WI 53209	500 —	500 —

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 3750 —	3750
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: FRIENDS OF HAQQI

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 Y Contribution	-T-D Total
7-17-12	NADEEM NAJAM 2741 W. LAYTON AVE MILWAUKEE, WI. 53221 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	DR. NADEEM NAJAM, SC 2741 W. LAYTON AVE MILW. WI. 53221	500 –	500 –
7-14-12	ESRA AHMAD 10435 N. NORTHWOOD DR. MEQUON, WI. 53097 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	SEE ABOVE	250 –	250 –
7-14-12	MIRZA BEG 2715 W. COUNTRY CLUB DR MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		200 –	200 –
7-14-12	SAMEEN BEG 803 E. FOX LANE FOX POINT, WI. 53217 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		200 –	200 –
7-14-12	FARAH NOSHEEN 1918 E. LAFAYETTE DR UNIT 604 MILW. WI. 53202 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		200 –	200 –
7-14-12	JOHN CHISHOLM 3411 SO. ILLINOIS AVE MILW. WI. 53207 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		100 –	100 –
7-14-12	SHEILA BUTT 1441 TOMAC LANE HUBERTUS, WI. 53033 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		100 –	100 –

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 1550 –	1550 –
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF HAQQI

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 Y Contribution	-T-D Total
7-24-12	MUHAMMED NADEEM 20825 BRADFORD LN. BROOKFIELD, WI 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Self Attorney	500 —	500 —
7-23-12	JAWEED MOHIUDDIN 11630 N. CANTERBURY LN. MEQUON, WI. 53092 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
7-19-12	MOHAMMAD SHAFI 1919 W NORTH AVE MILW. WI. 53205 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		200 —	200 —
7-31-12	MAQSOOD AHMAD 18210 PRAIRIE FALCON LN BROOKFIELD, WI 53045 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	MILW. CARDIAC CARE 5434 W. CAPITOL MILW. WI. 53216	500 —	500 —
7-25-12	AYESHA BOKHARI 4 OAK TREE CT. ELMHURST, IL. 60126 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 —	500 —
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
7-31-12	SHAH HAQQI 16940 TANGLEWOOD BROOKFIELD, WI. 53005 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	SELF-EMPLOYED	615.92	5615-92

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	2815-92	7815-92
TOTAL ITEMIZED CONTRIBUTIONS		
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUA		

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF HAQUI

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 Y Contribution	-T-D Total
7-29	AKHTAR ALI 116 KRAMER DR. BURR RIDGE, IL. 60527 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	See Attach	500 -	500 -
7-29-12	KHALID SIDDIQUI 1823 W. HOOD AVE CHICAGO, IL. 60660 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 -	500 -
7-29-12	RUBINA HAFEEZ 1140 N. CAMBRIA LN LOMBARD, IL. 60148 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		300 -	300 -
7-20-12	LISA LASKOWSKI N101 W 21628 BIRCH LN. COLGATE WI. 53017 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		100 -	100 -
7-29-12	AMBREEN TAIYAB 12542 W. MOORLAND DR. HOMER GLEN, IL 60491 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		500 -	500 -
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 1900 -	1900 -
TOTAL ITEMIZED CONTRIBUTIONS	18315-92	23315-92
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ 0	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 18315-92	23315-92

FRIENDS OF SHAQQI - CONTRIBUTIONS MADE IN JULY, 2012

FIRST	LAST	HOME ADDRESS	H.PHONE	OCCUPATION	EMPLOYER/ADDRESS	W.PHONE	AMOUNT
MUHAMMAD	NADEEM	20825 BRADFORD LN.	262-860-1737	PHYSICIAN	MIDWEST PULMONARY CON.	414-672-7343	$ 500.00
		BROOKFIELD, WI 53045			2421 W. LAYTON AV,. STE201		
					MILWAUKEE, WI 53224		
SHAKAIB	RAZZAQ	19175 EDMONTON DR.	262-794-0138	PHYSICIAN	PROCARE MEDICAL	414-291-2626	$ 500.00
		BROOKFIELD, WI 53045			3727 W. WISCONSIN AV.		
					MILWAUKEE, WI 53208		
ANJUM	RAZZAQ	880 S. BROOKFIELD RD.	414-510-6299	PHYSICIAN	PROCARE MEDICAL	414-510-6299	$ 1,000.00
		BROOKFIELD, WI 53045			3727 W. WISCONSIN AV.		
					MILWAUKEE, WI 53208		
MOHAMMED	NWILATI	11130 N. BRIGHTON PL.	414-467-5000	PHYSICIAN	PROCARE MEDICAL	414-467-5000	$ 500.00
		MEQUON, WI 53097			3727 W. WISCONSIN AV.		
					MILWAUKEE, WI 53208		
MOHAMMAD	SHAFI	9167 N. GREENBROOK RD.	414-351-1459	PHYSICIAN	SHAFI MEDICAL CLINIC	414-241-9678	$ 200.00
		RIVERHILLS,WI 53217			1919 W. NORTH AV.		
					MILWAUKEE, WI 53205		
SHABBAR	SAJJAD	W130N6631 DAY LILLY DR.	262-293-3299	PHYSICIAN	SHABBAR SAJJAD, MD SC	414-455-3738	$ 500.00
		MENOMONEE FALLS,			7235 W. APPLETON AV.		
		WI 53051			MILWAUKEE		
OMER	AFZAL	3635 S. MCINTOSH CT.	262-432-1775	PHYSICIAN	MIDWEST NEPHROLOGY ASS.	414-393-9810	$ 500.00
		NEW BERLIN, WI 53151			7393 W. APPLETON AVE.		
					MILWAUKEE, WI		
MUHAMMAD	AKBAR	19385 KILLARNEY WAY	262-796-8611	PHYSICIAN	AURORA MEDICAL GROUP	414-747-7730	$ 1,000.00
		BROOKFIELD, WI 53045			180 W. GRANGE AV.		
					MILWAUKEE, WI		
MAQSOOD	AHMAD	18210 PRAIRIE FALCON LN.	414-243-4099	PHYSICIAN	MILWAUKEE CARDIAC CARE	414-442-5400	$ 500.00
		BROOKFIELD, WI 53045			5434 W. CAPITOL DR.		
					MILWAUKEE, WI 53216		
JAWEED	MOHIUDDIN	11630 N. CANTERBURY LN.	262-242-9745	PHYSICIAN	MIDWEST ANESTHESIA CON.	414-365-3210	$ 500.00
		MEQUON, WI 53092			4555 W. SCHROEDER DR.		
					MILWAUKEE, WI 53223		
NISAR	AKBAR	10140 N. VINTAGE CT.	262-240-0838	PHYSICIAN	METROPOLITAN ANAESTHEST	262-243-7417	$ 500.00
		MEQUON, WI 53092			13111 N. PT. WASHINGTON RD.		
					MEQUON, WI 53097		
DANISH	SIDDIQUI	3270 FORDHAM CT.	262-373-0687	PHYSICIAN	AURORA HEALTH CARE	414-219-5800	$ 1,000.00
		BROOKFIELD, WI 53005			945 N. 12TH ST.		
					MILWAUKEE, WI 53233		

IJAZ	MALIK	10029 N. VINTAGE DR.	262-240-0026	PHYSICIAN	AURORA MEDICAL GROUP	414-219-7653	$ 500.00
		MEQUON, WI 53092			960 N. 12TH ST. STE. 400		
					MILWAUKEE, WI 53233		
TANVIR	KHAN	N154W25867 GLENRIDGE CT	262-538-2179	PHYSICIAN	WESTOWN VETERINERIAN CLI	262-798-2780	$ 250.00
		SUSSEX, WI 53089			21675 W. LONGVIEW DR.ST.200		
					WAUKESHA, WI 53186		
ABBAS	ALI	10843 N. PEBBLE LN.	262-240-0796	PHYSICIAN	MEDPOINT FAMILY CARE CENT	414-461-9250	$ 500.00
		MEQUON, WI 53092			2501 W. SILVER SPRING DR.		
					MILWAUKEE, WI 53209		
NADEEM	NAJAM	945 TALON CT.	414-672-8050	PHYSICIAN	N. NAJAM	414-672-8050	$ 500.00
		BROOKFIELD, WI 53045			2741 W. LAYTON AV.STE. 201		
					MILWAUKEE, WI 53221		
FARAH	NOSHEEN	2212 S. SANCTUARY DR.	312-388-5367	PHYSICIAN	AURORA HEALTHCARE	414-219-5199	$ 200.00
		NEW BERLIN, WI 53045			945 N. 12TH ST.		
					MILWAUKEE, WI 53208		
MUHAMMAD	KHAN	10239 N. WATERLEAF DR.	262-241-5754	PHYSICIAN	M. YOUSOF KHAN	414-271-1900	$ 500.00
		MEQUON, WI 53092			1218 W. KILBOURN AV.		
					MILWAUKEE, WI 53233		
ARIF	JAKA	261 CHURCH DR.	262-275-5939	PHYSICIAN	AURORA MEDICAL GROUP	262-948-7030	$ 500.00
		FONTANA, WI 53125			10400 75TH ST.		
					KENOSHA, WI 53142		
NOMAN	RAFIQ	N105W14722 LINCOLN DR.	414-688-4057	BUSINESS	NOMAN ENTERPRISES, LLC	262-251-6771	$ 500.00
		GERMANTOWN, WI 53022			N96W17500 COUNTYLINE RD.		
					GERMANTOWN, WI 53022		
SAMI	QURESHI	19480 WHITEHALL DR.	262-879-9858	BUSINESS	SAMI Q. INVESTMENT, LLC	262-366 2863	$ 500.00
		BROOKFIELD, WI 53045			910 ELM GROVE RD.STE.11A		
					ELM GROVE, WI 53122		
KALEEM	BEG	2715 W. COUNTRY CLUB DR	262-238-0146	BUSINESS	KAL SERVICE	414-531-2270	$ 1,000.00
		MEQUON, WI 53092			9425 W. BROWNDEER		
					MILWAUKEE, WI 53224		
REHAN	KHAN	7940 CHEVERNY DR.	414-322-4107	BUSINESS	CAPRI FOOD ASSO., LLC	414-322-4107	$ 500.00
		MEQUON, WI 53097			801 E. CAPITOL DR.		
					MILWAUKEE, WI 53212		
KHALID	AHMED	13435 N. NORTHWOOD LN.	262-243-1235	BUSINESS	A & A PETROLEUM INC.	262-255-4224	$ 500.00
		MEQUON, WI 53092			W156N9650 PILGRIM RD.		
					GERMANTOWN, WI 53022		
AKHTAR	ALI	126 KRAML DR.	773-838-1336	BUSINESS	AFAM CONCEPT INC.,	773-838-1336	$ 500.00
		BURR RIDGE, IL 60527			7401 S. PULASKI RD. UNIT A		
					CHICAGO, IL 60629		

KHALID	SIDDIQUI	1823 W. HOOD AVE.	773-406-7777	BUSINESS	GRAND CITGO	312-666-5700	$ 500.00
		CHICAGO, IL 60660			1530 N. ASHLAND AV.		
					CHICAGO, IL 60665		
RUBINA	HAFEEZ	1140 N. CAMBRIA LN.	630-640-1894	IT PERSONNEL	CASTLE ROCK INNOVATIONS	312-239-6090	$ 300.00
		LOMBARD, IL 60148			225 N. MICHIGAN AVE., STE.1870		
					CHICAGI, IL 60601		
SHEHLA	BUTT	1441 TOMAC LN.	262-628-2518	OPERATIONS	WELLS FARGO	414-577-7129	$ 100.00
		HUBERTUS, WI 53033		ANALYST	200 WOODLAND PRIME		
					MENOMONEE FALLS, WI 53		
ESRA	AHMAD	13435 N. NORTHWOOD LN.	262-243-1235	OPERATIONS	BMO GLOBAL ASSET MGMT. US	414-287-7129	$ 250.00
		MEQUON, WI 53092		ANALYST	111 E. KILBOURN, STE. 200		
					MILWAUKEE, WI 53202		
AYESHA	BOKHARI	4 OAK TREE COURT	312-320-0044	DIRECTOR	ALDEN MANAGEMENT SERVICE	773-286-6622	$ 500.00
		ELMHURST, IL 60126			4200 PETERSON AV.		
					CHICAGO, IL 60646		
LISA	LASKOWSKI	N101W21628 BIRCH LN.	773-218-6449	OWNER	CLINICAL EDGE, INC.	773-218-6449	$ 100.00
		COLGATE, WI 53017					CASH
JOHN	CHISHOLM	3411 S. ILLINOIS AVE.	414-74404042	DISTRICT	STATE OF WISCONSIN	414-278-4646	$ 100.00
		MILWAUKEE, WI 53207		ATTORNEY	821 W. STATE		
					MILWAUKEE, WI 53201		
SAMREEN	BEG	803 E. FOX LN.	414-352-4661	HOMEMAKER		414-352-4661	$ 200.00
		FOX POINT, WI 53217					
AMBREEN	TAIYAB	12542 W. MOORLAND DR.	708-646-4578	HOMEMAKER			$ 500.00
		HOMER GLEN, IL 60491					
FOZIA	AHMED	13435 N. NORTHWOOD LN.	262-243-1235	HOMEMAKER		262-243-1235	$ 500.00
		MEQUON, WI 53092					
SYEDA	HASSAN	19175 EDMONTON DR.	262-794-0138	HOMEMAKER	19175 EDMONTON DR.	262-794-0138	$ 500.00
		BROOKFIELD, WI 53045			BROOKFIELD, WI 53045		
KIM	HOTTER	3912 OXBOW	262-613-3395	HOMEMAKER	3912 OXBOW		$ 300.00
		WAUKESHA, WI 53189			WAUKESHA, WI 53189		
MIRZA	BEG	2715 W. COUNTRY CLUB DR	262-238-0146	RETIRED			$ 200.00
		MEQUON, WI 53092					
MUSTANSIR	**MAJEED**	**7934 S. LAKE VIEW DR.**	**414-423-5327**	**PHYSICIAN**	**MUSTANSIR MAJEED MD, SC**	**262-758-7769**	**$ 500.00**
(CORPORATE CHECK)		**FRANKLIN, WI 53132**			**7934 S. LAKE VIEW DR.**		
					FRANKLIN, WI 53132		
TOTAL							$ 18,200.00
REIMBURSEMENT							$ 500.00

TOTAL DONATIONS IN JULY, 2012							$ 17,700.00

NOTE:

REIMBURSEMENT MADE TO MUSTANSIR MAJEED, MD, SC DUE TO A CORPORATE CHECK.
PLEASE REFER TO A COPY ATTACHED IN THE AMOUNT OF $500.00 FROM
"FRIENDS OF SHAQQI" TO MR. MAJEED.

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF HAGGI

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
	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			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$ 0	0
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$ 0	0

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
FRIENDS OF ZAQI

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
7-14-12	MUSTANSIR MAJEED, MD SC 7934 SO. LAKE VIEW FRANKLIN, WI. 53132	CONTRIBUTION IN ERROR	500 -

SUBTOTAL OTHER INCOME THIS PAGE	$ 500 -
TOTAL ITEMIZED OTHER INCOME	$ 500 -
TOTAL UNITEMIZED OTHER INCOME $20 OR LESS	$ 0
TOTAL OTHER INCOME	$ 500 -

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: FRIENDS OF [illegible]

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
7-13-12	WEBER Printing 3048 No. 34TH Milw. WI. 53210 Check if: ☐ In-Kind Offset	MAILING ENVELOPES	305.18
7-3-12	LINEAR GRAPHIC 1726 N. 1st St. Milw. WI. 53212 Check if: ☐ In-Kind Offset	T Shirts	253.44
7-18-12	OFFICE MAX 18605 W-BLUEMOUND Rd. Brookfield, WI. 53045 Check if: ☐ In-Kind Offset	BADGE-NAMES	13.98
7-5-12	1 mail IPAGE.COM Check if: ☐ In-Kind Offset	WEBSITE	42.00
7-19-12	S. NIHARI - RESTAURANT 530 E. NORTH AVE. COMBAN Check if: ☐ In-Kind Offset	FUND RAISING EVENT	306.50
7-16-12	PROWN & ASSOCIATES 1500 E. LILAC LN Fox Point, WI. 53217 Check if: ☐ In-Kind Offset	CONSULTANT FEE	2000.00
7-19-12	LARRY ZAMBA Check if: ☐ In-Kind Offset	CAMPAIGN Photography & WEBSITE	500.00
7-24-12	LARRY ZAMBA Check if: ☐ In-Kind Offset	WEBSITE DESIGN & HOSTING	650.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 4071.10
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0
TOTAL EXPENDITURES	$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: FRIENDS OF HAQI

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
7-31-12	MUSTAUSIN MAJEED MDSC 7934 SO. LAKEVIEW FRANKLIN, WI. 53132 Check if: ☐ In-Kind Offset	REPAY POLITICAL CONT. IN ERROR RECEIVED FROM CORPORATION	500 —
	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	$ 500 —
TOTAL ITEMIZED EXPENDITURES	$ 4571.00
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0
TOTAL EXPENDITURES	$ 4571.00

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees (Transfers-Out)

Complete Committee Name
FRIENDS OF HAGGI

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

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
	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			
	Check if: ☐ In-Kind ☐ Loan			
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		$ 0	0
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		$ 0	0

SCHEDULE 3-A

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Complete Committee Name
FRIENDS OF HAGGI

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

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Obligations At Close of This Period
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	$ 0
TOTAL ITEMIZED OBLIGATIONS	$ 0
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$ 0
TOTAL INCURRED OBLIGATIONS	$ 0

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name: Friends of Hadi

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
/ /					

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 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 / 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 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 / 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	$
TOTAL OUTSTANDING LOANS	$