

**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 HAQQI

Street Address

16940 TANGLEWOOD DRIVE

City, State and Zip Code

BROOKFIELD, WI. 53005

GAB ID Number: *105401* ✓

RECEIVED
JUL 23 11:06
STATE OF WISCONSIN
GOVERNMENT ACCOUNTABILITY BOARD
OFFICE USE ONLY

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 *6/30/12* Pre-Primary _____
 July Continuing _____ Pre-Election _____
 Spring Fall Special Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ <i>5000 -</i> | \$ <i>5000 -</i> |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ | \$ |

2. DISBURSEMENTS

| | | |
|--|-----------------|-----------------|
| 2A. Gross Expenditures | \$ <i>150 -</i> | \$ <i>150 -</i> |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ |

CASH SUMMARY

| | |
|---|------------------|
| Cash Balance Beginning of Report | \$ <i>0</i> |
| Total Receipts | \$ <i>5000 -</i> |
| Subtotal | \$ <i>5000 -</i> |
| Total Disbursements | \$ <i>150 -</i> |
| CASH BALANCE END OF REPORT | \$ <i>4850 -</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ <i>0</i> |
| LOANS (Balance at the Close of This Period-3B) | \$ <i>5000 -</i> |

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

SAMUEL J MICALE

Signature of Candidate or Treasurer

Samuel / Micale

Date: *7-18-12*

Daytime Phone: *414-431-1570*

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide ss.11.60, 11.61, Wis. Stats.
GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability Board
608-266-8005.



0105401-99

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 Contribution | Y-T-D Total |
|--|---|---|------------------------|--------------|
| 6-14-12 | SHAH HAQQI 16940 TANGLEWOOD DR BROOKFIELD, WI 53005 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | SELF-EMPLOYED | 5000- | 5000- |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID# _____ | | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | |

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

NONE

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: <input type="checkbox"/> In-Kind <input checked="" 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 | | | \$ 0 | 0 |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | | \$ 0 | 0 |

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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 |
|---|---|---------------------------------|-----------|
| 6/26/12 | LARRY ZAMBA 24503 -75 TH STREET + SALEM, WI. 53168 Check if: <input type="checkbox"/> In-Kind Offset | CAMPAIGN COURSE | 150.00 |
| | 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 | | | \$ 150.00 |
| TOTAL ITEMIZED EXPENDITURES | | | \$ 150.00 |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$ 0 |
| TOTAL EXPENDITURES | | | \$ 150.00 |

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

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

NONE

| Date | Full Name, Mailing Address and Zip Code | Committee GAB 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 | | | |
| | 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-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 HAQQI

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

| | | Outstanding Obligations Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Obligations At Close of This Period |
|----------|---|---|--|---------------------------------|---|
| | Full Name, Mailing Address and Zip Code of Creditor | 0 | | | |
| | 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) | | | | |
| 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 | \$ | 0 |
| TOTAL INCURRED OBLIGATIONS | \$ | |

0 -

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

Complete Committee Name
FRIENDS OF HAQQI

NONE

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 |
|---------|---|--|-----------------------|---------------------------------|--|
| 6/14/12 | SHAH HAQQI 16940 TANGLEWOOD DRIVE BROOKFIELD, WI. 53005 | 0 | 5000 | 0 | 5000- |

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 | \$ 5000- |
| TOTAL OUTSTANDING LOANS | \$ 5000- |