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 Lashawnda Vernon

Street Address: 3640 N. 38th Street

City, State and Zip Code: Milwaukee, WI 53216

OFFICE USE ONLY

GAB ID Number: 0105243

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 ____ ☐ 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	$ 1315.00	$ 1315.00
1B. Contributions from Committees (Transfers-In)	$ 300.00	$ 300.00
1C. Other Income and Commercial Loans	$ 0	$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 1615.00	$ 1615.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 1274.42	$ 1274.42
2B. Contributions to Committees (Transfers-Out)	$ 0	$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 1274.42	$ 1274.42

CASH SUMMARY

Cash Balance Beginning of Report	$ 0
Total Receipts	$ 1615.00
Subtotal	$ 1615.00
Total Disbursements	$ 1274.42
CASH BALANCE END OF REPORT	$ 390.58
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:
		Daytime Phone:

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failu ss.11.60, 11.61, Wis. Stats. ...s of

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountat 608-266-8005.

0105243-99

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Cashaundra Vernon

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
4.30.12	Cashaundra Vernon 3763 N. 4th Street Milw WI 53212 Check if: ☐ In-Kind ☑ Loan ☐ Conduit Conduit GABID#	CANDIDATE	500	500
4.14.12	Martha DeCalusa 3707 W. Goodhope Rd Milw WI 53209 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Program Mang. Cnt. for Progress Lomo. 633 W. Wisconsin Milw WI 53202	100	100
4.14.12	Liz Olson 200 E. Wells Street Milw. WI 53202 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		35	35
4.14.12	Mary Laan 3302 N. Bremen Milw. WI 53212 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50	50
5.18.12	Mikele Griffis 210 N. Palmer Milw WI 53212 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Alderwoman City of Milwaukee 200 E. Wells Milw WI 53202	150	150
5.18.12	Brian Verdin 2153 N. Palmer Milw WI 53212 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25
5.18.12	Sarah Noble 2457 N. Grant Blvd. Milw WI 53210 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 885.00	885.00
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 Cassaundra Vernon

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
6-30-12	Michele Sumara 3208 N. 49th St. Milw WI 53216 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Attorney Hawks + Quindel SC PO Box 442 Milw WI 53202	100	100
6-30-12	Jeffery Roman 2131 N. 34th St. Milw. WI 53208 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50	50.
	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	$ 150	150.
TOTAL ITEMIZED CONTRIBUTIONS	$ 1335	1335
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ 30	30
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 1365.00	1365.00

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Cassandra Vickers

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
5.18.12	Marvin Pratt 4045 N. 16th Street MLW WI 53209 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50	50
5.18.12	Gilbert Johnson 3030 W. Michigan MLW WI 53208 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25
5.18	Nicole Thomas 3257 S. Racine Ave Chicago, IL 60608 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25
6.30.12	Angela Vasquez 3248 N. Downer MLW WI 53212 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25
6.30.12	Karen Rotkel 3320 N. Cambridge MLW WI 53211 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		50	50
6.30.12	Laura Rodos 54 Pilgrims Rd Eastham, MA 02642 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#		25	25
6.30.12	Jaqueline Boynton 3945 N. Marcourt Pl MLW WI 53211 Check if: ☐ In-Kind ☐ Loan ☐ Conduit Conduit GABID#	Attorney 2260 N. Prospect MLW WI 53202	100	100

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 300.00	300.00
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name: Friends of Lashawnda Vernon

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
5.30.12	Biddle for Milwaukee PO Box 150 Milw WI 53201 Check if: ☐ In-Kind ☐ Loan		200	200
6.30.12	PPFW, Inc. 7 N. Pinckney St. #200 Madison, WI 53703 Check if: ☐ In-Kind ☐ Loan		100	100
	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	$ 300	300
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$ 300	300

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Page ____ of ____

Complete Committee Name

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

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

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Lashawndra Vernon

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
4.11.12	Selani Ali 3429 N. Downer Milw WI 53212 Check if: ☐ In-Kind Offset	Candidate expense (Headshot Photos)	50.00
4.14.12	CATCH 22 Lounge 720 N. Milwaukee Milw WI 53202 Check if: ☐ In-Kind Offset	Fundraiser - Food + beverage	100.00
4.27.12	State of WI - LTSB 17 W. Main Street Madison WI 53703 Check if: ☐ In-Kind Offset	Administrative expense - Voucher filing	25.00
4.29.12	Office Depot #141 302 E. Capitol Drive Milw WI 53212 Check if: ☐ In-Kind Offset	Office Supplies	11.07
5.4.12	Signs + Banners Today 7554 W. Appleton Ave Milw WI 53218 Check if: ☐ In-Kind Offset	Candidate name badge printing	14.78
5.4.12	Weber Printing Co. 3048 N. 37th St. Milw WI 53210 Check if: ☐ In-Kind Offset	Printing - Brochures	274.45
5.14.12	Wix.com Inc. PO Box 40190 New York, NY 94140 Check if: ☐ In-Kind Offset	Media - Website Development hosting fee	14.20
5.14.12	Wix.com Inc. PO Box 40190 New York, NY 94140 Check if: ☐ In-Kind Offset	Media - Website Domain Registration Fee	27.90

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 516.10
TOTAL ITEMIZED EXPENDITURES	$ —
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ —
TOTAL EXPENDITURES	$ —

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Leah Lawrence Vernon

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
5.16.12	DIGICOPY 1681 VAN BUREN MLW WI 53202 Check if: ☐ In-Kind Offset	PRINTING COSTS	5.52
5.16.12	US POSTAL SERVICE 2656 N. ANTONIA MLW WI 53212 Check if: ☐ In-Kind Offset	POSTAGE	6.84
5.16.12	OFFICE DEPOT #141 362 E. CAPITOL DRIVE MLW WI 53212 Check if: ☐ In-Kind Offset	OFFICE SUPPLIES	57.30
5.23.12	DIGICOPY 1681 VAN BUREN MLW WI 53202 Check if: ☐ In-Kind Offset	PRINTING COSTS	3.49
5.30.12	DIGICOPY 1681 VAN BUREN MLW WI 53202 Check if: ☐ In-Kind Offset	PRINTING COSTS	14.77
6.4.12	OFFICE DEPOT #141 #2681 7133 W. BROADWAY MLW WI 53216 Check if: ☐ In-Kind Offset	OFFICE SUPPLIES	1.57
6.5.12	WILL PROMO ENTERPRISES 7494 N. WILL ENTERPRISE CT. MLW WI 53224 Check if: ☐ In-Kind Offset	CAMPAIGN T-SHIRT PRINTING	142.18
6.11.12	DIGICOPY 1681 VAN BUREN MLW WI 53202 Check if: ☐ In-Kind Offset	PRINTING COSTS	12.67

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 244.34
TOTAL ITEMIZED EXPENDITURES	$ —
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ —
TOTAL EXPENDITURES	$ —

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of Cassandra Vernon

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
6.13.12	WI. COM-INC. PO BOX 40190 MLW WI ~~532~~ 94140 Check if: ☐ In-Kind Offset	Media - website Hosting Fee	14.90
6.18.12	DIGI COPY 11681 Van Buren MLW WI 53202 Check if: ☐ In-Kind Offset	Printing Costs	25.03
6.25.12	Jimmy's BP Amoco 807 W. Atkinson 5244 MLW WI 53209 Check if: ☐ In-Kind Offset	Candidate Expense - Gas	40.00
6.25.12	Coffee Makes You Black Coffee 2803 N. Teutonia MLW WI 53206 Check if: ☐ In-Kind Offset	Candidate Expense - Meal	20.00
6.27.12	Jimmy's ~~BP~~ Amoco 807 W. Atkinson MLW WI 53206 Check if: ☐ In-Kind Offset	Candidate Expense - Gas	26.50
6.28.12	Weber Printing Co. 3548 N. 34th Street MLW WI 53210 Check if: ☐ In-Kind Offset	Campaign Literature Printing	387.55
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 513.98
TOTAL ITEMIZED EXPENDITURES	$ 1274.42
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0
TOTAL EXPENDITURES	$ 1274.42

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees (Transfers-Out)

Page _____ of _____

Complete Committee Name

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			
	Check if: ☐ In-Kind ☐ Loan			
		SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	$	
		TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	$	

SCHEDULE 3-A

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Page ____ of ____

Complete Committee Name

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	$
TOTAL ITEMIZED OBLIGATIONS	$
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$
TOTAL INCURRED OBLIGATIONS	$

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Page ____ of ____

Complete Committee Name

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	$