

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

MILWAUKEE COUNTY
ELECTION COMMISSION

2016 JUL 13 P 1:23

RECEIVED

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee
Friends of John F. Weishan Jr.

Street Address
2605 So 82nd STREET

City, State and Zip Code
WEST Allis, WI. 53219

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

NAME OF REPORT

January Continuing Pre-Primary Spring Fall Special

July Continuing 2016 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	\$ 500.00	\$ 2,213.78
1B. Contributions from Committees (Transfers-In)	\$ 550.00	\$ 1,050.00
1C. Other Income and Commercial Loans	\$.35	\$.35
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,050.35	\$ 3,264.13
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 1,150.00	\$ 1,763.78
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,150.00	\$ 1,763.78

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,692.70
Total Receipts	\$ 1,050.35
Subtotal	\$ 2,743.05
Total Disbursements	\$ 1,150.00
CASH BALANCE END OF REPORT	\$ 1,593.05
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -
LOANS (Balance at the Close of This Period-3B)	\$ 6,637.67

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>John F. Weishan Jr.</i>	Signature of Candidate or Treasurer 	Date: <i>7/13/2016</i>
	Email	Daytime Phone: <i>278-4255</i>

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name
Friends of John F. Weishan Jr.

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/31/16	MOIRA E. FITZGERALD 925 E. WELLS ST. Apt 523 MILWAUKEE, WI. 53202		200.00	200.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/16	Timothy J. Felski 6183 W. HOWARD AVE. #11 MILWAUKEE, WI. 53220		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
4/5/16	William Ryan Drew 1800 N. 60th ST. MILWAUKEE, WI. 53208		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
4/5/16	Lindsay Punzenberger 3110 CHANCELLORS WAY NE WASHINGTON, D.C. 20017	Director / Federal Relations Children's Hospital of WI 9000 W. Wisconsin Ave. Milwaukee, WI.	150.00	150.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <u>Wisconsin Hospitals Conduit</u>		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 500.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 500.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -0-

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 500.00

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF JOHN F. WELSHAN JR.

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
3/31/16	WISCONSIN PEOPLE CONFERENCE 500380 EB AFSCME COUNCIL 32. AFL-CIO 8033 EXCELSIOR DRIVE. SUITE B MADISON, WI 53717 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	300.00	300.00
/ /	Full Name of Committee, Mailing Address and Zip Code MADISON, WI 53717 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
3/31/16	ATU COPE WISCONSIN ACCOUNT 10000 NEW HAMPSHIRE AVE. SILVER SPRING, MD. 20903 WGIAB# 0501324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.00	250.00
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 550.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 550.00	

Complete Committee Name
FRIENDS OF JOHN F. WEISHAW JR.

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
3/31/16	LANDMARK CREDIT UNION 5445 SO. WESTRIDGE DR. NEW BERLIN, WI 53151	Interest Dividends	.01
4/30/16	LANDMARK CREDIT UNION 5445 SO. WESTRIDGE DR. NEW BERLIN, WI 53151	Interest Dividends	.22
5/31/16	LANDMARK CREDIT UNION 5445 SO. WESTRIDGE DR. NEW BERLIN, WI 53151	Interest Dividends	.12
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SUBTOTAL OTHER INCOME THIS PAGE	\$.35
TOTAL ITEMIZED OTHER INCOME	\$.35
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$ - 0 -
TOTAL OTHER INCOME	\$ 0.35

Complete Committee Name
FRIENDS OF JOHN F. WEISHAN JR.

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
5/17/16	John F. Weishan Jr. (Candidate) 2605 So. 82nd St. West Allis, WI. 53219 Check if: <input type="checkbox"/> In-Kind Offset	Loan Repayment.	800.00
6/1/16	MA:SKELMAN & ASSOCIATES, LLC 8989 N. Port Washington Rd Milwaukee, WI 53217 Suite 221 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	350.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1,150.00
TOTAL ITEMIZED EXPENDITURES			\$ 1,150.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -
TOTAL EXPENDITURES			\$ 1,150.00

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

Complete Committee Name
FRIENDS of JOHN F. WEISHAN JR.

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /	JOHN F. WEISHAN JR. 2605 So. 82nd STREET WEST ALLIS, WI. 53219	7,437.67	-0-	800.00	6,637.67

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 Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance 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 Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance 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	\$6,637.67
TOTAL OUTSTANDING LOANS	\$6,637.67