

**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 MAR 16 P 1:00

RECEIVED

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

name of Committee

Friends of Vincent Synowicz

Street Address

311 West Burnham Street

City, State and Zip Code

Milwaukee, WI 53204

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 2016 Spring Fall Special
 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	\$ 0	\$ 630
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ —
1C. Other Income and Commercial Loans	\$ 0	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 630
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 3.00	\$ 356.77
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3.00	\$ 356.77

CASH SUMMARY

Cash Balance Beginning of Report	\$ 276.23
Total Receipts	\$ 0
Subtotal	\$ 276.23
Total Disbursements	\$ 3.00
CASH BALANCE END OF REPORT	\$ 273.23
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

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 <u>Molly Flanagan</u>	Signature of Candidate or Treasurer <u>Molly Flanagan</u> Email <u>citizensforvinsynowicz@yahoo.com</u>	Date: <u>3/13/2016</u> Daytime Phone: <u>414-708-1790</u>
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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.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name _____

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
/ /	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: _____		
/ /	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: _____		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

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

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
03/15/2016	US Bank 4015 South Howell Avenue Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Analysis Service Charge	3.00
/ /	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

\$ 3.00

TOTAL ITEMIZED EXPENDITURES

\$ 3.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ —

TOTAL EXPENDITURES

\$ 3.00