

3-19-12 to 6-30-12

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

**MILWAUKEE COUNTY
ELECTION COMMISSION**

2012 JUL -9 A 10:10

RECEIVED *AK*
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF PAT JURSIK

Street Address
4600 So. PACKARD AVE.

City, State and Zip Code
QUADAY, WI 53110

WSEB ID Number:

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 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	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ -0-	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-	\$	\$
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0-	\$ -0-	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ -0-	\$ 180.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -0-	\$ 180.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,805.22	\$
Total Receipts	\$ -0-	\$
Subtotal	\$ 1,805.22	\$
Total Disbursements	\$ -0-	\$
CASH BALANCE END OF REPORT	\$ 1,805.22	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -0-	\$
LOANS (Balance at the Close of This Period-3B)	\$ 11,791.47	\$

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 PATRICIA D. JURSIK	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: 7-2-2012
		Daytime Phone: 414-744-7960

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

SCHEDULE 1-A

**RECEIPTS
Contributions (Including Loans) From Individuals**

Complete Committee Name
FRIENDS OF PAT JURSIK

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
/ /	NONE			Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
/ /				Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ - 0 -	
TOTAL ITEMIZED CONTRIBUTIONS			\$ - 0 -	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ - 0 -	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ - 0 -	

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF PAT JURSIK

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	Office Use
/ /	NONE			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ - 0 -		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ - 0 -		

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
FRIENDS OF PAT JURSIK

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	Office Use
	NONE			
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
SUBTOTAL OTHER INCOME THIS PAGE			\$ -0-	
TOTAL ITEMIZED OTHER INCOME			\$ -0-	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$ -0-	
TOTAL OTHER INCOME			\$ -0-	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF PAT JURSIK

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	Office Use
/ /	NONE			
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
	Check if: <input type="checkbox"/> In-Kind Offset			
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ - 0 -	
TOTAL ITEMIZED EXPENDITURES			\$ - 0 -	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -	
TOTAL EXPENDITURES			\$ - 0 -	

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF PAT JURSIK

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
/ /	NONE Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ -0-		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ -0-		

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
FRIENDS OF PAT JURSIK

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
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	\$ - 0 -	
TOTAL ITEMIZED OBLIGATIONS	\$ - 0 -	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$ - 0 -	
TOTAL INCURRED OBLIGATIONS	\$ - 0 -	

SCHEDULE 3-B

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

Complete Committee Name
FRIENDS OF PAT JURSIK

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
6/30/12	PATRICIA D. JURSIK, CANDIDATE 4600 SO. PACKARD AVE. CUDANY, WI 53110	11,791.47	-0-	-0-	11,791.47

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 **\$11,791.47**
TOTAL OUTSTANDING LOANS **\$11,791.47**