

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED 190111 AM 09:08

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Chris Abele for County Executive, Jeff Peelen, Treasurer

Street Address
411 E Wisconsin Ave

City, State and Zip Code
Milwaukee, WI 53202

OFFICE USE ONLY

GAB ID Number

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

REPORT PERIOD

January Continuing 2019 Pre-Primary _____ Spring Fall Special Termination Report
 July Continuing _____ Pre-Election _____ 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	\$300,000.00	\$500,050.00
1B. Contributions from Committee (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$65.00	\$220.61
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$300,065.00	\$500,270.61
2. DISBURSEMENTS		
2A. Gross Expenditures	\$122,591.70	\$242,624.01
2B. Contributions to Committees (Transfers-Out)	\$10,000.00	\$12,500.00
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$132,591.70	\$255,124.01

CASH SUMMARY

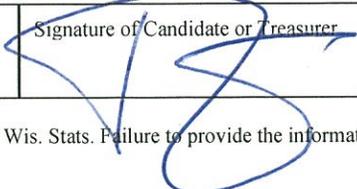
Cash Beginning Balance	\$92,826.08
Total Receipts	\$300,065.00
Subtotal	\$392,891.08
Total Disbursements	\$132,591.70
CASH BALANCE END OF REPORT	\$260,299.38

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A) \$0.00

LOANS (Balance at the Close of This Period-3B) \$7,022,290.67

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 Chris Abele or Jeff Peelen	Signature of Candidate or Treasurer 	Date: 01/11/2019 Daytime Phone: (414) 277-5773
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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.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/12/2018	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	Executive, Milwaukee County 901 N 9th St Ste 306 Milwaukee, WI 53233	\$50,000.00	\$500,000.00
Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit GAB ID# _____				Office Use
12/21/2018	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	Executive, Milwaukee County 901 N 9th St Ste 306 Milwaukee, WI 53233	\$250,000.00	\$500,000.00
Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit GAB ID# _____				Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$300,000.00	
TOTAL ITEMIZED CONTRIBUTIONS	\$300,000.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$0.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$300,000.00	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/11/2018	Stone Creek Coffee 422 N 5th St Milwaukee, WI 53203	Refund of Overpayment	\$65.00

SUBTOTAL OTHER INCOME THIS PAGE	\$65.00
TOTAL ITEMIZED OTHER INCOME	\$65.00
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$0.00
TOTAL OTHER INCOME	\$65.00

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$25.00
07/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95
07/05/2018	Meijer 171 W. Town Square Way Oak Creek, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	Parade Expenses	\$42.40

SUBTOTAL EXPENDITURES THIS PAGE	\$87.35
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/05/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41
07/12/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27
07/13/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65

SUBTOTAL EXPENDITURES THIS PAGE	\$4,471.33
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 3 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/13/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,962.56
07/17/2018	Camille Ridgeway Milwaukee, WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	Reimbursemen t	\$19.68
07/23/2018	PDFFiller, Inc 1371 Beacon St Ste 301 Brookline, MA 02446 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Software	\$72.00

SUBTOTAL EXPENDITURES THIS PAGE	\$2,054.24
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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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
07/23/2018	Pritzlaff Events, LLC 10535 West College Avenue Franklin, WI 53132 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Event Rental Cost	\$950.40
07/23/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$331.00
07/25/2018	Majic Productions N16W23120 Stone Ridge Dr Waukesha, WI 53188 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Event Costs	\$5,310.00

SUBTOTAL EXPENDITURES THIS PAGE	\$6,591.40
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 5 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/27/2018	Fresh Thyme Farmers Market 470 E Pleasant St Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$32.92
07/30/2018	Anodyne Coffee Roasting Co 400 N Water St Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$45.34
07/30/2018	Metro Market 1123 N Van Buren St Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$5.98

SUBTOTAL EXPENDITURES THIS PAGE	\$84.24
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/30/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Campaign Staff Payroll	\$4,132.26
	Check if: <input type="checkbox"/> In-Kind Offset		
07/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Payroll Fees	\$78.65
	Check if: <input type="checkbox"/> In-Kind Offset		
07/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Payroll Taxes	\$1,952.07
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL EXPENDITURES THIS PAGE	\$6,162.98
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 7 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
08/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$25.00
08/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95
08/03/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41

SUBTOTAL EXPENDITURES THIS PAGE	\$305.36
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 8 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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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
08/06/2018	FedEx 312 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Printing	\$208.01
08/06/2018	Walgreens 2727 W North Ave Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Office Supplies	\$16.02
08/07/2018	Front Room Photography 2637 S Kinnickinnic Ave Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Photography Services	\$686.40

SUBTOTAL EXPENDITURES THIS PAGE	\$910.43
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
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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
08/07/2018	Weber Printing Company 3048 N 34th St Milwaukee, WI 53210-1919 Check if: <input type="checkbox"/> In-Kind Offset	Printing	\$258.72
08/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27
08/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65

SUBTOTAL EXPENDITURES THIS PAGE	\$4,469.64
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
08/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,952.06
08/15/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$195.00
08/20/2018	Trend Micro 225 E. John Carpenter Freeway, Suite 1500 Irving, TX 75062 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Software	\$85.48

SUBTOTAL EXPENDITURES THIS PAGE	\$2,232.54
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

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
08/21/2018	1and1 701 Lee Road, Suite 300 Chesterbrook, PA 19087 Check if: <input type="checkbox"/> In-Kind Offset	Website Hosting and Domain Names	\$116.19
08/27/2018	GrubHub 111 W Washington St Chicago, IL 60602 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Meal	\$65.80
08/29/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$588.01

SUBTOTAL EXPENDITURES THIS PAGE	\$770.00
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
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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
08/30/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.26
08/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,952.07
08/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65

SUBTOTAL EXPENDITURES THIS PAGE

\$6,162.98

TOTAL ITEMIZED EXPENDITURES

\$122,591.70

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$0.00

TOTAL EXPENDITURES

\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
09/04/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$25.00
09/04/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95
09/06/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41

SUBTOTAL EXPENDITURES THIS PAGE	\$305.36
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
09/07/2018	GrubHub 111 W Washington St Chicago, IL 60602 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Meal	\$44.81
09/11/2018	NGP VAN 1101 Vermont Ave NW Ste 710 Washington, DC 20005-3521 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Software	\$1,225.00
09/13/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27

SUBTOTAL EXPENDITURES THIS PAGE	\$5,402.08
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
09/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,952.06
09/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65
09/27/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.26

SUBTOTAL EXPENDITURES THIS PAGE	\$6,162.97
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
09/28/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.97
09/28/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65
10/02/2018	Facebook 1 Hacker Way Menlo Park, CA 94025 Check if: <input type="checkbox"/> In-Kind Offset	Media - Online Advertising	\$205.23

SUBTOTAL EXPENDITURES THIS PAGE	\$2,233.85
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$25.00
10/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95
10/03/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41

SUBTOTAL EXPENDITURES THIS PAGE	\$305.36
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/05/2018	USPS 606 E Juneau Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	PO Box Rental	\$120.00
10/09/2018	Interstate All Battery Center 4740 W Packard St Appleton, WI 54913 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel	\$111.25
10/09/2018	Kwik Trip 1241 E Green Bay St Shawano, WI 54166 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel - Gas	\$156.94

SUBTOTAL EXPENDITURES THIS PAGE	\$388.19
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/09/2018	Kwik Trip 102 Express Way Bonduel, WI 54107 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel - Gas	\$100.00
10/09/2018	Kwik Trip 4735 W Converters Dr Appleton, WI 54913 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel - Gas	\$113.51
10/09/2018	Kwik Trip 1712 E Mason St Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel - Gas	\$150.00

SUBTOTAL EXPENDITURES THIS PAGE	\$363.51
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/09/2018	Kwik Trip 1712 E Mason St Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	Staff Travel - Gas	\$164.71
10/12/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27
10/15/2018	GrubHub 111 W Washington St Chicago, IL 60602 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Meal	\$52.29

SUBTOTAL EXPENDITURES THIS PAGE	\$4,349.27
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 21 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.96
10/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65
10/15/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$138.50

SUBTOTAL EXPENDITURES THIS PAGE	\$2,167.11
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 22 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/29/2018	Fairbanks, Maslin, Maullin, Metz & Associates 2425 Colorado Ave Ste 180 Santa Monica, CA 90404 Check if: <input type="checkbox"/> In-Kind Offset	Polling/Research	\$33,630.00
10/30/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.26
10/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.97

SUBTOTAL EXPENDITURES THIS PAGE	\$39,712.23
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
10/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65
11/05/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$35.00
11/05/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95

SUBTOTAL EXPENDITURES THIS PAGE	\$133.60
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
11/05/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41
11/09/2018	GrubHub 111 W Washington St Chicago, IL 60602 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Meal	\$52.79
11/12/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$140.00

SUBTOTAL EXPENDITURES THIS PAGE

\$453.20

TOTAL ITEMIZED EXPENDITURES

\$122,591.70

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$0.00

TOTAL EXPENDITURES

\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
11/13/2018	Ian's Pizza 2035 E North Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Meal	\$56.46
11/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27
11/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.96

SUBTOTAL EXPENDITURES THIS PAGE	\$6,138.69
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 26 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
11/15/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Payroll Fees	\$78.65
Check if: <input type="checkbox"/> In-Kind Offset			
11/21/2018	Dane County Parking Ramp 113 S. Henry St Madison, WI 53703	Parking	\$16.20
Check if: <input type="checkbox"/> In-Kind Offset			
11/28/2018	Dane County Parking Ramp 113 S. Henry St Madison, WI 53703	Parking	\$15.40
Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL EXPENDITURES THIS PAGE	\$110.25
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
11/28/2018	NGP VAN 1101 Vermont Ave NW Ste 710 Washington, DC 20005-3521 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Software	\$975.00
11/28/2018	Quarles & Brady 411 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal Services	\$146.50
11/29/2018	Dane County Parking Ramp 113 S. Henry St Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$16.20

SUBTOTAL EXPENDITURES THIS PAGE	\$1,137.70
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
11/29/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.26
11/30/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.97
11/30/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65

SUBTOTAL EXPENDITURES THIS PAGE	\$6,160.88
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**Page 29 of 33

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$35.00
12/03/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Credit Card Vendor Fees	\$19.95
12/06/2018	Pritzlaff Redevelopment LLC 333 N Plankinton Ave Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Parking	\$260.41

SUBTOTAL EXPENDITURES THIS PAGE	\$315.36
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/11/2018	Metro Market 1123 N Van Buren St Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$17.01
12/11/2018	Stone Creek Coffee 422 N 5th St Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$73.00
12/11/2018	Stone Creek Coffee 422 N 5th St Milwaukee, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	Event Food and Drink	\$18.00

SUBTOTAL EXPENDITURES THIS PAGE	\$108.01
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/13/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Staff Payroll	\$4,132.27
12/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Taxes	\$1,949.96
12/14/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fees	\$78.65

SUBTOTAL EXPENDITURES THIS PAGE	\$6,160.88
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/19/2018	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340	Credit Card Vendor Fees	\$19.83
Check if: <input type="checkbox"/> In-Kind Offset			
12/28/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Campaign Staff Payroll	\$4,132.26
Check if: <input type="checkbox"/> In-Kind Offset			
12/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Payroll Taxes	\$1,949.97
Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL EXPENDITURES THIS PAGE	\$6,102.06
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
12/31/2018	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200	Payroll Fees	\$78.65
Check if: <input type="checkbox"/> In-Kind Offset			

SUBTOTAL EXPENDITURES THIS PAGE	\$78.65
TOTAL ITEMIZED EXPENDITURES	\$122,591.70
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$122,591.70

SCHEDULE 2-B

**DISBURSEMENTS
Contributions to Committees
(Transfers-out)**

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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
07/01/2018	Democratic Party of Wisconsin 15 N Pinckney St Ste 200 Madison, WI 53703	030005	\$10,000.00	\$10,000.00
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan				

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

\$10,000.00	\$10,000.00
\$10,000.00	\$10,000.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
 Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$250,000.00	\$0.00	\$0.00	\$250,000.00
12/31/2010					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$450,000.00	\$0.00	\$0.00	\$450,000.00
01/21/2011					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$300,000.00	\$0.00	\$0.00	\$300,000.00
03/01/2011					

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$1,000,000.00
TOTAL OUTSTANDING LOANS	\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$100,000.00	\$0.00	\$0.00	\$100,000.00
03/26/2011					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$50,000.00	\$0.00	\$0.00	\$50,000.00
05/15/2013					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$300,000.00	\$0.00	\$0.00	\$300,000.00
08/05/2013					

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$450,000.00

TOTAL OUTSTANDING LOANS

\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 10/22/2014	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$220,990.67	\$0.00	\$0.00	\$220,990.67

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 09/28/2015	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$1,000,000.00	\$0.00	\$0.00	\$1,000,000.00

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date 11/16/2015	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$750,000.00	\$0.00	\$0.00	\$750,000.00

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$1,970,990.67

TOTAL OUTSTANDING LOANS

\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$1,000,000.00	\$0.00	\$0.00	\$1,000,000.00
01/19/2016					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$1,170,000.00	\$0.00	\$0.00	\$1,170,000.00
03/09/2016					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$131,300.00	\$0.00	\$0.00	\$131,300.00
03/22/2016					

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$2,301,300.00
TOTAL OUTSTANDING LOANS	\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$250,000.00	\$0.00	\$0.00	\$250,000.00
04/20/2016					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$100,000.00	\$0.00	\$0.00	\$100,000.00
01/26/2017					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$200,000.00	\$0.00	\$0.00	\$200,000.00
06/30/2017					

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$550,000.00

TOTAL OUTSTANDING LOANS

\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$250,000.00	\$0.00	\$0.00	\$250,000.00
10/17/2017					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$100,000.00	\$0.00	\$0.00	\$100,000.00
01/08/2018					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$100,000.00	\$0.00	\$0.00	\$100,000.00
05/23/2018					

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$450,000.00
TOTAL OUTSTANDING LOANS	\$7,022,290.67

Loans

Individual, Committee or Commercial

Complete Committee Name
Chris Abele for County Executive, Jeff Peelen, Treasurer

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$0.00	\$50,000.00	\$0.00	\$50,000.00
10/12/2018					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 1141 North Old World Third St Milwaukee, WI 53203	\$0.00	\$250,000.00	\$0.00	\$250,000.00
12/21/2018					

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	

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$300,000.00

TOTAL OUTSTANDING LOANS

\$7,022,290.67

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN		OFFICE USE ONLY
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Instructions for completing schedules are on the back of each schedule.		
COMMITTEE IDENTIFICATION		
Name of Committee Citizens for Servant Leadership		
Street Address 11520 W Appleton Place		
City, State and Zip Code Milwaukee, WI 53224		

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

NAME OF REPORT July 1, 2018 - December 31, 2018

<input checked="" type="checkbox"/> January Continuing <u>2019</u> <input type="checkbox"/> Pre-Primary _____ <input type="checkbox"/> July Continuing _____ <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special <input type="checkbox"/> September Continuing _____ <input type="checkbox"/> Pre-Election _____	<input type="checkbox"/> Termination Report <i>also complete Schedule 4</i>
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SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ -	\$ 5,562.61
1B. Contributions from Committees (Transfers-In)	\$ -	\$ 678.57
1C. Other Income and Commercial Loans	\$ -	\$ -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -	\$ 6,241.18
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 162.74	\$ 10,486.91
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ 178.67
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 162.74	\$ 10,665.58

CASH SUMMARY	
Cash Balance Beginning of Report	\$ 684.24
Total Receipts	\$ -
Subtotal	\$ 684.24
Total Disbursements	\$ 162.74
CASH BALANCE END OF REPORT	\$ 521.50
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 849.34

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 Deanna Alexander	Signature of Candidate or Treasurer deanna@deannaalexander.com	Date: <u>1-15-2019</u> Daytime Phone: (414) 939-9339
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NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 3-B

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

Complete Committee Name
Citizens for Servant Leadership

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
		11/20/18	Deanna Alexander PO Box 16923 Milwaukee, WI 53226	\$859.34	NONE

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 849.34

TOTAL OUTSTANDING LOANS \$ 849.34

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

WCEC RECD*190111 AM 11:56

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

COMMITTEE IDENTIFICATION

Name of Committee

Friends of John Barrett

Street Address

334 N. 74th Street

City, State and Zip Code

Milwaukee, WI 53213

OFFICE USE ONLY

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 2019 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- 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	\$ 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	\$ 4.76	\$ 4.76
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 4.76	\$ 4.76

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,323.35
Total Receipts	\$ 0
Subtotal	\$ 1,323.35
Total Disbursements	\$ 4.76
CASH BALANCE END OF REPORT	\$ 1,318.59
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 <i>Mark T. Maurice</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1/4/2019</i>
	Email: <i>Maur: 424 6 aol.com</i>	Daytime Phone: <i>(414) 778-0218</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD*190115 PM12:09

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 SUPERVISOR RICHARD H. BUSSLER

Street Address

2207 N. 65TH STREET

City, State and Zip Code

WAUWATOSA, WI 53213-2033

OFFICE USE ONLY

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 *19* Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- 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	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ <i>1.53</i>	\$ <i>1.53</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>1.53</i>	\$ <i>1.53</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>19,154.49</i>
Total Receipts	\$ <i>1.53</i>
Subtotal	\$ <i>19,156.02</i>
Total Disbursements	\$
CASH BALANCE END OF REPORT	\$ <i>19,156.02</i>
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	Signature of Candidate or Treasurer	Date:
<i>RICHARD H. BUSSLER</i>	<i>Richard H. Bussler</i>	<i>11/2/19</i>
	Email <i>busslerdick@gmail.com</i>	Daytime Phone: <i>414-771-6638</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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MCEC RECD*190115 PM12:05 

Spring Fall Special Pre-Primary Continuing Report due Jan. 15, 2019

Spring Fall Special Pre-Election Continuing Report due July 15,

Continuing Report due 4th Tues Sept.,

Citizens for Christenson

Name of Candidate or Committee (in full)

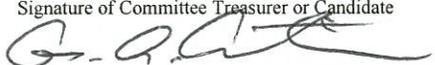
12283 W. Sunset Lane Greenfield WI 53228

Address

414-915-9000

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate 	Date <u>1/14/19</u>	Email Address <u>gchristenson@five.com</u>
--	------------------------	---

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

MCEC REC'D 190116 AM 09:12

eb

Is this report an Amendment? YES NO **X**

COMMITTEE IDENTIFICATION

Name of Committee **Friends of Sheriff David Clarke**

Address **PO Box 242244**

City, State, ZIP **Milwaukee, WI 53224-9035**

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT	January 2019 Continuing	Spring	Fall	Special
	July 2018 Continuing Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ 7.59	\$ 15.55		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 7.59	\$ 15.55		

1. DISBURSEMENTS

A. Gross Expenditures	\$ 323.18	\$ 789.48		
B. Contributions to Committees (Transfers-Out)	\$ 4,900.00	\$ 4,900.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 5,223.18	\$ 5,689.48		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 15,201.45			
Total Receipts	\$ 7.59			
Subtotal	\$ 15,209.04			
Total Disbursements	\$ 5,223.18			
CASH BALANCE AT END OF REPORT	\$ 9,985.86			
INCURRED OBLIGATIONS (at close of period)	\$ -			
LOANS (at close of period)	\$ -			

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

Thomas G Bernacchi

Signature of Candidate or Treasurer

Thomas G Bernacchi

Date

1/15/2019

Daytime Phone

414-349-1248

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) FRIENDS OF DAVID CULLEN			
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A4. Phone	
A5. Mailing Address 9131 W. Chambers St	A6. City Milwaukee	A7. State WI	A8. Zip 53222

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input checked="" type="checkbox"/> January Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> September <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Post-Election				B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar</i>		B3. Reporting Period Start Date		
Party and Legislative Campaign Committees Only		B4. Reporting Period End Date		
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input type="checkbox"/> No, this registrant is not requesting exemption
--	---

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name David Cullen	D2. Signature <i>David Cullen</i>	D3. Date 1/14/19

77
MCEC RECD-190115 PM 10:43

Campaign Finance Report
Short Form ETHCF-2a

Ethics ID Number

MCEC RECD*190115 PM04:04 *RD*

Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2019

Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____

Continuing Report due 4th Tues Sept., _____

Friends of Edehe Cullen

Name of Candidate or Committee (in full)

1747 W. 56th St, Milwaukee, WI, 53208

Address

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

Edehe Cullen

1-15-18

eddie.c.cullen@gmail.com

ETHCF-2a | Rev 01/2016 | Wisconsin Ethics Commission P.O. Box 7984, Madison, WI 53707-7984 |

Phone: (608) 266-8123 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

**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.

COMMITTEE IDENTIFICATION

Name of Committee

Committee to Elect James Davies

Street Address

3723 South Chicago Ave Unit #9

City, State and Zip Code

South Milwaukee, WI 53172

OFFICE USE ONLY

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 2019 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____

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	\$ 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	\$ 12.00	\$ 12.00
2B. Contributions to Committees (Transfers-Out)	\$ 100.00	\$ 100.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 112.00	\$ 112.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 447.81
Total Receipts	\$ 0.00
Subtotal	\$ 447.81
Total Disbursements	\$ 112.00
CASH BALANCE END OF REPORT	\$ 335.81
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

REC'D 190110 11:46 R.D.

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 James Davies	Signature of Candidate or Treasurer <i>J. Davies</i>	Date: 1/8/2019
	Email daviesjamesg@gmail.com	Daytime Phone: 262 880 7615

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Committee to Elect James Davies

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
11/28/2018	Google Inc. 1600 Amphitheater Parkway Check if: <input checked="" type="checkbox"/> In-Kind Offset	Web domain annual registration	12.00
	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 \$ 12.00

TOTAL ITEMIZED EXPENDITURES \$ 12.00

TOTAL UNITEMIZED EXPENDITURES \$ 0

TOTAL EXPENDITURES \$ 12.00

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name

Committee to Elect James Davies

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
10/03/18	Tony for Wisconsin PO Box 1879 Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	50 ⁰⁰	50 ⁰⁰
10/03/18	Gabriel for Wisconsin 2210 10 th Ave PO Box 303 South Milwaukee, WI 53172 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	50 ⁰⁰	50 ⁰⁰
	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		\$ 100 ⁰⁰	100 ⁰⁰
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 100 ⁰⁰	100 ⁰⁰



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY
STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full)

Neighbors for Greg Dickenson

A2. Committee/Conduit ID Number (if applicable)

A3. Email

dickenson.gregory@gmail.com

A4. Phone

(414) 828-7410

A5. Mailing Address

3218 S Taylor Ave.

A6. City

Milwaukee

A7. State

WI

A8. Zip

53207

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)

January Continuing

July Continuing

Spring Pre-Primary

Spring Pre-Election

Fall Pre-Primary

September

Fall Pre-Election

Special Pre-Primary

Special Pre-Election

Special Post-Election

B2. Special Election Date (if applicable)

Reporting Period

The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.

Review the filing calendar with reporting periods online at: <https://Ethics.wi.gov/FilingCalendar>

B3. Reporting Period Start Date

7/1/18

B4. Reporting Period End Date

12/31/18

Party and Legislative Campaign Committees Only

B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)

General Fund

Segregated Fund

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption

Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.

C1. Exemption Request and Affirmation

Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.

No, this registrant is not requesting exemption

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).

Authorized Representative

D1. Printed Name

Joseph S. Hudzinski

D2. Signature

Joseph S. Hudzinski

D3. Date

1/13/19

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES ___ NO X

COMMITTEE IDENTIFICATION

Name of Committee Citizens for Marina Dimitrijevic
 Address 330 East Kilbourn Avenue, Suite 1250
 City, State, ZIP Milwaukee, WI 53202

OFFICE USE ONLY

Please check if address is different than previously reported ___

NAME OF REPORT Jan 2019 Continuing Pre-Primary 20__ Spring Fall Special
 July 20__ Continuing Pre-election 20__ Spring Fall Special
 September 20__ Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -			
B. Contributions from Committees (Transfers-In)	\$ -			
C. Other Income and Commercial Loans	\$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -		

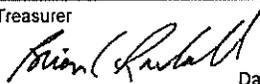
2. DISBURSEMENTS

A. Gross Expenditures	\$ -			
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$ -		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 3,923.46			
Total Receipts	\$ -			
Subtotal	\$ 3,923.46			
Total Disbursements	\$ -			
CASH BALANCE AT END OF REPORT	\$ 3,923.46			
INCURRED OBLIGATIONS (at close of period)	\$ -			
LOANS (at close of period)	\$ 1,390.00			

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
Brian C. Randall, Campaign Treasurer		1/15/2019
	Email: BCR@FFSJ.com	Daytime Phone 414-271-0130

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline.
 ETHCF-2LE (01/16)



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION			
A1. Name of Committee/Conduit (in full) <i>Friends of Jason Haas</i>			
A2. Committee/Conduit ID Number (if applicable)	A3. Email <i>info@haasforumwaukee.com</i>	A4. Phone <i>(414) 530-0505</i>	
A5. Mailing Address <i>3422 S. Pennsylvania Ave.</i>	A6. City <i>Milwaukee</i>	A7. State <i>WI</i>	A8. Zip <i>53207</i>

SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One) <input checked="" type="checkbox"/> January Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> September <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Post-Election			B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar</i>		B3. Reporting Period Start Date <i>July 1, 2018</i>	
		B4. Reporting Period End Date <i>Dec. 31, 2018</i>	
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund			

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption

SECTION D: CERTIFICATION		
<i>I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).</i>		
Authorized Representative		
D1. Printed Name <i>Jason C. Haas</i>	D2. Signature 	D3. Date <i>1/17/2018</i>

MCEC REC'D-190114 PM 12:39

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD*190114 PM02:54

Is This Report an Amendment: Yes No

AC

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

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Willie Johnson Jr.

Street Address

3869 N. Humboldt Blvd, APT 206

City, State and Zip Code

Milwaukee WI 53212-1361

OFFICE USE ONLY

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 *2019* Pre-Primary _____
 July Continuing _____ Spring Fall Special Termination Report
 September Continuing _____ Pre-Election _____ *also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
IA. Contributions (Including Loans) from Individuals	\$ 250.00	\$ 8,217.00
IB. Contributions from Committees (Transfers-In)	\$	\$ 1,235.19
IC. Other Income and Commercial Loans	\$.13	\$.13
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 250.13	\$ 9,452.32
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 0.00	\$ 2,342.00
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0.00	\$ 2,342.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 528.20
Total Receipts	\$ 250.13
Subtotal	\$ 778.33
Total Disbursements	\$ 0.00
CASH BALANCE END OF REPORT	\$ 778.33
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 1720.00

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:
Ronnie D. HART	Ronnie D. Hart	1/13/2019
	Email rjenkins1654@gmail.com	Daytime Phone: 262-421-9921

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Willie Johnson JR.

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/26/18	Emery Harlan 735 N Water ST. Suite 610 Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit - Ethics ID# _____	ATTORNEY	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	250.00
TOTAL ITEMIZED CONTRIBUTIONS	\$	250.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$.13
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	250.13

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

Complete Committee Name
FRIENDS OF WILLIE JOHNSON, JR

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
3/21/15	Willie Johnson, JR 3869 N. Humboldt Blvd, AA 206 Milwaukee WI 53212-1361	1720.00			1720.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE **\$ 1720.00**
TOTAL OUTSTANDING LOANS **\$ 1720.00**

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? **No**

COMMITTEE IDENTIFICATION

Name of Committee **Voters for Lipscomb**
Address **1104 West Montclair Avenue**
City, State, ZIP **Glendale, Wisconsin 53217**

OFFICE USE ONLY

Please check if address is different than previously reported _____

NAME OF REPORT	Jan 2019 Continuing	Pre-Primary 20__	Spring	Fall	Special
	July 20__ Continuing	Pre-election 20__	Spring	Fall	Special
	September 20	Continuing			

SUMMARY OF RECEIPTS AND DISBURSEMENTS**1. RECEIPTS**

	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ -	\$ 6,407.00		
B. Contributions from Committees (Transfers-In)	\$ -	\$ 2,988.00		
C. Other Income and Commercial Loans	\$ 0.35	\$ 1.81		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 0.35	\$ 9,396.81		

2. DISBURSEMENTS

A. Gross Expenditures	\$ -	\$ 12,447.17		
B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ 200.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 200.00	\$ 12,647.17		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 4,226.90			
Total Receipts	\$ 0.35			
Subtotal	\$ 4,227.25			
Total Disbursements	\$ 200.00			
CASH BALANCE AT END OF REPORT	\$ 4,027.25			
INCURRED OBLIGATIONS (at close of period)	\$ -			
LOANS (at close of period)	\$ -			

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
Theodore A. Lipscomb, Sr.		1/5/19
	Email	Daytime Phone
	theo@votersforlipscomb.com	414.350.06009

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats.
Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline.
ETHCF-2LE (01/16)

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD 190115 PM02:45

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 PATTI LOGSDON**

Street Address: **12100 W. BELMAR DR.**

City, State and Zip Code: **FRANKLIN WI 53132**

OFFICE USE ONLY

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 **2019** Pre-Primary _____ Spring Fall Special
 July Continuing _____
 September Continuing _____ Pre-Election _____
- 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	\$ —	\$ 4,155.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$ 4,155.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 180.00	\$ 4,722.57
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ 100.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 180.00	\$ 4,822.57

CASH SUMMARY

Cash Balance Beginning of Report	\$ 256.49
Total Receipts	\$ —
Subtotal	\$ 256.49
Total Disbursements	\$ 180.00
CASH BALANCE END OF REPORT	\$ 76.49
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ 8100.00

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: **PATTI LOGSDON** Signature of Candidate or Treasurer: *Patti Logsdon* Date: **7-15-19**
 Email: **ALOGSDON@WI.ORG.COM** Daytime Phone: **(414) 469-4888**

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF PUYI LOGSDON

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	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-In) THIS PAGE		\$ <u>—</u>
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u>—</u>

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF PATTI LOGSDON

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: <input checked="" 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		\$ <u>1</u>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u>1</u>	

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name

FRIENDS OF PATTI LOEDON

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
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			
				\$	<u>—</u>
				\$	<u>—</u>
				\$	<u>—</u>
				\$	<u>—</u>

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

Complete Committee Name
FRIENDS OF PATTI LOGSDON

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
1.15.19	PATTI LOGSDON 12100 W. BELMAR DR. FRANKLIN, WI 53132	\$ 1,100.00	X	X	\$ 1,100.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 1,100.00
TOTAL OUTSTANDING LOANS \$ 1,100.00

4

CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE		
Is this report an Amendment? YES X NO		

COMMITTEE IDENTIFICATION		OFFICE USE ONLY
Name of Committee	Elect Scott Manske	
Address	611 N 76th St	
City, State, ZIP	Wauwatosa, WI 53213	

Please check if address is different than previously reported _____

NAME OF REPORT	<input checked="" type="checkbox"/> Jan 2019 Continuing	Pre-Primary 20__	Spring	Fall	Special
	<input type="checkbox"/> July 2019 Continuing	Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$ -	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -		

2. DISBURSEMENTS				
A. Gross Expenditures	\$ 2.00	\$ 701.65		
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2.00	\$ 701.65		

CASH SUMMARY				
Cash Balance at Beginning of Report	\$ 17,202.10			
Total Receipts	\$ -			
Subtotal	\$ 17,202.10			
Total Disbursements	\$ 2.00			
CASH BALANCE AT END OF REPORT	\$ 17,200.10			
INCURRED OBLIGATIONS (at close of period)	\$ -			
LOANS (at close of period)	\$ 10,259.35			

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 Scott B. Manske	Signature of Candidate or Treasurer  Email smanske4@att.net	Date 01/15/19 Daytime Phone 414-399-9577
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3

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

Print the completed report and file with your local clerk or election commission by the filing deadline.
 GAB-2L (04/14)

Schedule 2-A

Complete Committee Name		Elect Scott Manske	
Date	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/14/18	BMO Harris Bank N.A. PO Box 94033 Palantine, IL 60094	Bank Fee	\$ 2.00
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	
	In Kind Offset	<input type="checkbox"/>	

Subtotal Itemized Expenditures this page	\$	2.00
Total Itemized Expenditures	\$	2.00
Total Unitemized Expenditures \$20 or Less	\$	-
Total Expenditures	\$	2.00

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

Complete Committee Name
Elect Scott Manske

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
2/31/18	Scott Manske 611 N 76th St. Wauwatosa, WI 53213	10,259.35			10,259.35

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 10,259.35

TOTAL OUTSTANDING LOANS \$ 10,259.35

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

NCEC RECD*190114AM10:12

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Martin for Milwaukee

Street Address
4629 W Scranton Pl

City, State and Zip Code
Milwaukee, WI 53216

OFFICE USE ONLY

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 2019 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- Termination Report
also complete Schedule 4

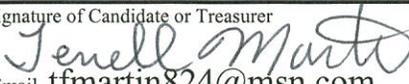
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$100.00	\$100.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$.07	\$.07
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$100.07	\$100.07
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0	\$0
2B. Contributions to Committees (Transfers-Out)	\$0	\$0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0	\$0

CASH SUMMARY

Cash Balance Beginning of Report	\$136.00
Total Receipts	\$100.07
Subtotal	\$
Total Disbursements	\$0
CASH BALANCE END OF REPORT	\$ 236.07
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 2900.00

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 Terrell Martin	Signature of Candidate or Treasurer 	Date: 1-8-2019
	Email: tfmartin824@msn.com	Daytime Phone: 414-758-1261

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name **Martin for Milwaukee**

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/6/2018	Tammy Bockhorst 4304 N Murray Ave Shorewood, WI 53211 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	N/A	\$100.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 100.00	100.00
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 100.00	100.00

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

Complete Committee Name
Martin for Milwaukee

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

Date 1 / 8 / 19	Full Name, Mailing Address and Zip Code of Loan Source Felesia Martin 4629 W Scranton Pl Milwaukee, WI 53216	Outstanding Obligations Beginning of This Period \$2900.00	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period \$2900.00
	List All Endorsers or Guarantors (if any)				

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2900.00

TOTAL OUTSTANDING LOANS \$ 2900.00

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD 190114 PM 02:39

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Marcella for Milwaukee

Street Address

PO Box 1879

City, State and Zip Code

Milwaukee, WI 53201

OFFICE USE ONLY

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 2019 Pre-Primary _____ Spring Fall Special Termination Report also complete Schedule 4
 July Continuing _____
 September Continuing _____ Pre-Election _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 1375.03	\$
1B. Contributions from Committees (Transfers-In)	\$ 1000.00	\$
1C. Other Income and Commercial Loans	\$ _____	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2375.03	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 1395.77	\$
2B. Contributions to Committees (Transfers-Out)	\$ 250.00	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1645.77	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2863.81
Total Receipts	\$ 2375.03
Subtotal	\$ 5238.84
Total Disbursements	\$ 1645.77
CASH BALANCE END OF REPORT	\$ 3593.07
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 Marcella Nicholson	Signature of Candidate or Treasurer Marcella Nicholson	Date: 1/12/18
	Email: marcella4milwaukee@gmail.com	Daytime Phone:

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name
Marcenia for Milwaukee

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
11/18/18	Thad Nation 5027 W North Ave Milw. WI 53208 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	consultant	250.00	
11/20/18	Laurie Baker 3415 N. Murray Milwaukee, WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	50.00	
11/30/18	Kim Schroeder 9110 W Lisbon # 3 Milwaukee, WI 53222 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100.00	
11/28/18	Benjamin Knapp 1085 W Wisconsin Ave Milwaukee, WI 53233 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Pharmacist	200.00	
12/19/18	Steven Shea 3666 E Amar Ave Cudahy, WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25.00	
12/14/18	Jule Meyer 412 W Lucas Ave Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		20.00	
12/4/18	Sachin Chheda 2903 N Stovell Ave Milw. WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 745.00
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1375.00

Complete Committee Name
Marcella for Milwaukee

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/14/18	ULYSSES THOMPSON 1040 E Knapp St Milw. WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		30.00	
12/31/18	Maxwell Love 7123 Calla Pass Middleton, WI 53562 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	
7/31			.03	
12/14/18	Gary Boyke 180 Lakewood Blvd Madison WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100.00	
12/14/18	Leland Pan 205 Langston St Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25.00	
12/14/18	Matthew Brusky 3155 N Humboldt Blvd Milw. WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	
12/14/18	Jesse Barnes 7804 N Fairway Pl Milw. WI 53228 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	280.03	
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	1375.03

Complete Committee Name
Mareela for Milwaukee

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/14/18	Mike Johnson Jr 3849 n Humboldt Milw. WI 53212 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	200.00	200.00
12/14/18	Bruce Colburne 3905 N. Farwell Ave Milw. WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	100.00	
12/14/18	Sheldon Wasserman 3487 N Lake Dr. Milw. WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 350.00
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1375.03

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name Marcelina for Milwaukee

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
12/19/18	Professional Firefighters of WI #0500140 572 Ontario Rd Greenbay WI 54311 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	1000
	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-In) THIS PAGE		\$ 1000
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 1000

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Marcia for Milwaukee

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
12/17/18	LYFT Check if: <input type="checkbox"/> In-Kind Offset	transportation	4.81
12/17/18	Gov. Evers Inauguration 788 N Jefferson St #600 Milwaukee WI 53202 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Inauguration Activity	35.00
12/18/18	LYFT Check if: <input type="checkbox"/> In-Kind Offset	transportation	17.77
12/19/18	Center for Pop. Democracy 449 Montross St Brooklyn NY 11237 Check if: <input type="checkbox"/> In-Kind Offset	Sustainer Donation	20.00
12/19/18	Madison Concourse 1 W Dayton St Madison WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Inauguration Activities Lodging	170.00
12/19/18	American Eng Association Check if: <input type="checkbox"/> In-Kind Offset	sustainer donation	20.00
12/24/18	Carsons 301 W Dineen Ave Milwaukee WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	meeting lunch	25.00
12/24/18	LYFT Check if: <input type="checkbox"/> In-Kind Offset	transportation	13.30

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 305.88
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 1395.77

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Marcella for Milwaukee

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
11/18/18	ACT Blue 366 Somer St Somerville MA 2144 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Fee	9.88
11/25/18	ACT Blue 366 Somer St Somerville MA 2144 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising fee	1.98
12/21/18	ACT Blue 366 Somer St Somerville, MA 2144 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising fee	11.85
12/9/18	ACT Blue 366 Somer St Somerville, MA 2144 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising fee	8.90
7/7/18	Hilton Hotel Minnesota 1001 Marquette Ave South Minneapolis MN 55403 Check if: <input type="checkbox"/> In-Kind Offset	Local Progress Conference + Lodging	475.23
7/1/18	USPS 345 W St Paul Check if: <input type="checkbox"/> In-Kind Offset	PO Box Recurring Fee	24.00
7/30/18	People for the American Way Check if: <input type="checkbox"/> In-Kind Offset	YEO Conference + Lodging	300.00
7/30/18	Falls Shop Snoqualmie Check if: <input type="checkbox"/> In-Kind Offset	meeting lunch	36.86
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 868.70
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$ 1395.77

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Martella for Milwaukee

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
8/31/18	BP Gas station 914 W. Nathan Milwaukee WI 53269 Check if: <input type="checkbox"/> In-Kind Offset	Gas	31.96
9/13/18	Citgo Gas stop 350 N. Plankinton Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Gas	33.98
9/25/18	Chamont Hotel 101 State St Lacrosse WI 54601 Check if: <input type="checkbox"/> In-Kind Offset	meetings & Lodging	23.00
9/26/18	Water front Restaurant 101 State St Lacrosse WI 54601 Check if: <input type="checkbox"/> In-Kind Offset	business meeting	21.10
10/2/18	ON The Bus 400 N Water St Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	meeting lunch	6.31
10/10	USPS PO Box 345 W St Paul Ave Milwaukee WI 53205 Check if: <input type="checkbox"/> In-Kind Offset	PO Box recurring charge	24.00
12/17/18	LYFT Check if: <input type="checkbox"/> In-Kind Offset	transportation	8.01
12/17/18	LYFT Check if: <input type="checkbox"/> In-Kind Offset	transportation	10.83

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 159.19
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 1395.77

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Martena for Milwaukee

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
<i>12/23/18</i>	<i>Brownstone Social Lounge</i> <i>524 N Water St</i> <i>Milwaukee WI 53202</i> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<i>meeting dinner</i>	<i>62.00</i>
	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	\$ <i>62.00</i>
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <i>1395.77</i>

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Marcella for Milwaukee

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
8/15/18	Supreme 4 the people PO Box 511014 Milwaukee WI 53203 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.00	
	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		\$ 250.00	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 250.00	



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY
STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Friends of Sylvia Ortiz			
A2. Committee/Conduit ID Number (if applicable)	A3. Email sylv:asindependence	A4. Phone 414-610-8180	
A5. Mailing Address 517 W Madison	A6. City Milwaukee	A7. State WI	A8. Zip 53204

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input checked="" type="checkbox"/> January Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> Special Pre-Primary <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> September <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Post-Election				B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> Review the filing calendar with reporting periods online at: https://ethics.wi.gov/FilingCalendar		B3. Reporting Period Start Date July 1, 2018		
		B4. Reporting Period End Date December 31, 2018		
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund				

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
---	---

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name Sylvia Velaz	D2. Signature <i>Sylvia Velaz</i>	D3. Date 1/15/19

REC'D 190115 AM 10:31

**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.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Richard Schmidt

Street Address

11940 W. Somerset Dr.

City, State and Zip Code

Franklin, WI 53132

OFFICE USE ONLY

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 _____
 July Continuing _____ Spring Fall Special
 September Continuing **2018** Pre-Election _____

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	\$ \emptyset	\$ 67,368.29
1B. Contributions from Committees (Transfers-In)	\$ \emptyset	\$ \emptyset
1C. Other Income and Commercial Loans	\$ \emptyset	\$ 17.85
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ \emptyset	\$ 67,386.14

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 70.76	\$ 67,386.14
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 70.76	\$ 67,386.14

CASH SUMMARY

Cash Balance Beginning of Report	\$ 70.76
Total Receipts	\$ 70.76
Subtotal	\$ 70.76
Total Disbursements	\$ 70.76
CASH BALANCE END OF REPORT	\$ \emptyset
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ n/a
LOANS (Balance at the Close of This Period-3B)	\$ 16,169.53

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: 1-10-19
Richard R. Schmidt	<i>Richard R. Schmidt</i> Email rrsfocus@att.net	Daytime Phone: 414-788-6010

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the

Complete Committee Name

Friends of Richard Schmidt

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
10/29/18	Richard Schmidt 11940 W. Somerset Dr. Franklin, WI 53132 Check if: <input type="checkbox"/> In-Kind Offset	Loan Repayment (Offset)	70.76
	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	\$ 70.76
TOTAL ITEMIZED EXPENDITURES	\$ 67,386.14
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 67,386.14

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
Friends of Richard Schmidt

Office Use Only

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
	n/a	

LOAN OR DEBT FORGIVENESS
 I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
12-30-18	Richard Schmidt 11940 W. Somerset Dr. Franklin, WI 53132	16,169.53

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.

Richard R. Schmidt
 Signature of Candidate or Treasurer

1-10-19
 Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD*190115 AM 08:34

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 Jim Schmitt*
 Street Address: *2517 N 88*
 City, State and Zip Code: *Wauwatosa, WI 53226*

OFFICE USE ONLY

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 *2019* Pre-Primary _____ Spring Fall Special Termination Report
 July Continuing _____ Pre-Election _____ *also complete Schedule 4*
 September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
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>790.00</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>2,773.55</i>
Total Receipts	\$
Subtotal	\$ <i>2,773.55</i>
Total Disbursements	\$ <i>790.00</i>
CASH BALANCE END OF REPORT	\$ <i>1,983.55</i>
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 of Print Name of Candidate or Treasurer <i>James J. Schmitt</i>	Signature of Candidate or Treasurer <i>James J. Schmitt</i>	Date: <i>1-15-19</i>
	Email: <i>james.schmitt@milwaukee</i>	Daytime Phone: <i>278-4273</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

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
6-18-18 #2005	Margaret University 3401 W Wisc Ave Mpls 55408 Check if: <input type="checkbox"/> In-Kind Offset	Outing Fundraiser	250.00
9-9-18 #2006	Wauwatosa West High School 1114 W Center Wauwatosa 53222 Check if: <input type="checkbox"/> In-Kind Offset	Outing Fundraiser	140.00
10-1-18 #2007	Nativity Jesuit Academy 1575 S 29th St Mpls 55415 Check if: <input type="checkbox"/> In-Kind Offset	Annual Fundraiser	400.00
	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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 790.00
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 790.00



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION			
A1. Name of Committee/Conduit (in full) FRIENDS OF DAN SOBRIWA			
A2. Committee/Conduit ID Number (if applicable)	A3. Email dan@dansebring.com	A4. Phone 414-397-9577	
A5. Mailing Address 6005 W. HOWARD AVE	A6. City MILWAUKEE	A7. State WI	A8. Zip 53220

SECTION B: REPORT INFORMATION		
B1. Report Type (Choose One) <input checked="" type="checkbox"/> January Continuing 2019 <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> September <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Post-Election		B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar</i>	B3. Reporting Period Start Date 7/01/2018	B4. Reporting Period End Date 12/31/2018
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund		

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption

SECTION D: CERTIFICATION		
<i>I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. STAT. § 11.0103(3)(d).</i>		
Authorized Representative		
D1. Printed Name DAN SOBRIWA	D2. Signature 	D3. Date 01/15/19

MPEC RECD-190115 PM12:03

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MCEC RECD*190114 PM0405

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

SE

COMMITTEE IDENTIFICATION

Name of Committee

South Shore for Sheg

Street Address

3666 E. Armour Avenue

City, State and Zip Code

Cudahy WI 53110

OFFICE USE ONLY

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 2019 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- 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	\$ 201.88	\$ 12,692.74
1B. Contributions from Committees (Transfers-In)	\$	\$ 1,050.00
1C. Other Income and Commercial Loans	\$ 20.00	\$ 20.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 221.88	\$ 13,762.74

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 224.38	\$ 12,215.88
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 224.38	\$ 12,215.88

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3,423.09
Total Receipts	\$ 221.88
Subtotal	\$ 3,644.97
Total Disbursements	\$ 224.38
CASH BALANCE END OF REPORT	\$ 3,420.59
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 4,497.00

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: 1/13/19

Laura Kukor-Sheg

Laura Kukor-Sheg

Email oceanbreeze_lks@yahoo.com

Daytime Phone: 414-764-4360

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name

South Shore for Shea

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/3/18	Steven Shea 3666 E Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	25.00	4,225.06
7/23/18	Steven Shea 3666 E. Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	35.00	4,263.06
7/27/18	Steven Shea 3666 E Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	12.50	4,275.56
8/30/18	Steven Shea 3666 E. Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	22.50	4,298.06
8/31/18	Steven Shea 3666 E Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	18.53	4,316.59
11/23/18	Steven Shea 3666 E. Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	18.94	4,335.53
11/24/18	Steven Shea 3666 E. Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	22.10	4,357.63
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 154.57	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

Complete Committee Name
South Shore for Shea

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
11/30/18	Steven Shea 3666 E. Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Educator	47.31	4,404.94
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 47.31	
TOTAL ITEMIZED CONTRIBUTIONS	\$ 201.88	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 201.88	

Complete Committee Name

South Shore for Sheg

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
7/3/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	25.00
7/23/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	35.00
7/27/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	12.50
7/27/18	Union Copy Centers, Inc 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input checked="" type="checkbox"/> In-Kind Offset	2 Yard Signs	20.00
8/30/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	22.50
8/31/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	18.53
11/23/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	18.94
11/24/18	Pick N Save 250 W. Holt Avenue Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	22.10

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 174.57

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$

Complete Committee Name
South Shore for Sheg

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
11/30/18	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Parade Candy	47.31
	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	\$ 47.31
TOTAL ITEMIZED EXPENDITURES	\$ 221.88
TOTAL UNITEMIZED EXPENDITURES	\$ 2.50
TOTAL EXPENDITURES	\$ 224.38

Complete Committee Name
South Shore for Shea

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
1 / 1	Steven Shea 3666 E. Armour Cudahy WI 53110	4,497	0	0	4,497

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 4,497

TOTAL OUTSTANDING LOANS \$ 4,497

CP-190110M0914

**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.

COMMITTEE IDENTIFICATION

Name of Committee
Support Shorts

Street Address
6890 N Beech Tree Drive

City, State and Zip Code
Glendale, WI 53209

OFFICE USE ONLY

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 2019 Pre-Primary _____

July Continuing _____ Spring Fall Special

September Continuing _____ Pre-Election _____

Termination Report
also complete Schedule

SUMMARY OF RECEIPTS AND DISBURSEMENTS

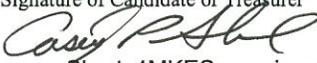
	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 40.00	\$ 5,193.18
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 2,601.32
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 40.00	\$ 7,794.50
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 221.55	\$ 9,780.01
2B. Contributions to Committees (Transfers-Out)	\$ 350.00	\$ 1,000.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 571.55	\$ 10,780.01

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,365.00
Total Receipts	\$ 40.00
Subtotal	\$ 1,405.00
Total Disbursements	\$ 571.55
CASH BALANCE END OF REPORT	\$ 833.45
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 0.00

MEC REC'D 190110M0914 6:00

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 Casey Shorts	Signature of Candidate or Treasurer 	Date: 1/9/19
	Email: Shorts4MKESupervisor@gmail.com	Daytime Phone: (262) 993-2402

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

IN-KIND	CONDUIT	DATE	FIRST	LAST	ADDRESS	CITY	ST	ZIP	OCCUPATION	AMOUNT	YTD	COMMENTS
		10/5/2018	Casey	Shorts	6890 N Beech Tree Drive	Glendale	WI	53209	Attorney	40.00	639.37	Loan
									Subtotal	\$40.00		

SCHEDULE 2-A Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT	COMMENTS
	8/1/2018	PNC Bank	300 Fifth Avenue, 29th Floor	Pittsburgh	PA	15222	Service Charge	12.00	
	8/3/2018	Mobilisphere	7 Faneuil Hall	Boston	MA	02109	Voter Outreach	2.95	
	9/4/2018	Mobilisphere	7 Faneuil Hall	Boston	MA	02109	Voter Outreach	2.95	
	9/4/2018	PNC Bank	300 Fifth Avenue, 29th Floor	Pittsburgh	PA	15222	Service Charge	12.00	
	10/1/2018	PNC Bank	300 Fifth Avenue, 29th Floor	Pittsburgh	PA	15222	Service Charge	12.00	
	10/3/2018	Mobilisphere	7 Faneuil Hall	Boston	MA	02109	Voter Outreach	2.95	
	10/5/2018	Walmart	401 E Capitol Drive	Milwaukee	WI	53212	Stationary Supplies for Thank You	52.70	
	10/5/2018	United State Postal Service	5651 N Lydell Avenue	Milwaukee	WI	53217	Postage for Thank You	40.00	
	10/18/2018	Casey Shorts	6890 N Beech Tree Drive	Glendale	WI	53209	Loan Repayment	40.00	Loan Repayment
	10/29/2018	United State Postal Service	5651 N Lydell Avenue	Milwaukee	WI	53217	Postage for Thank You	20.00	
	11/1/2018	PNC Bank	300 Fifth Avenue, 29th Floor	Pittsburgh	PA	15222	Service Charge	12.00	
	12/3/2018	PNC Bank	300 Fifth Avenue, 29th Floor	Pittsburgh	PA	15222	Service Charge	12.00	
							Subtotal	\$221.55	

<u>IN-KIND</u>	<u>DATE</u>	<u>NAME</u>	<u>ETHICS ID#</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>AMOUNT</u>	<u>YTD</u>	<u>COMMENTS</u>
	7/26/2018	Building Bridges Campaign	106034	E8768 Cut-Off Road	New London	WI	54961	100.00	100.00	
	11/1/2018	Tony for Wisconsin	103465	PO Box 1879	Madison	WI	53701	100.00	100.00	
	11/1/2018	Tony for Wisconsin	103465	PO Box 1879	Madison	WI	53701	100.00	200.00	
	11/14/2018	Committee to Elect Tomika Vukovic	n/a	N. Iroquois Avenue	Glendale	WI	53217	50.00	50.00	
							Subtotal	350.00		

DATE	FIRST	LAST	ADDRESS	CITY	ST	ZIP	OCCUPATION	Outstanding Balance Beg. of Period	New Loans this Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
4/27/2018	Casey	Shorts	6890 N Beech Tree Drive	Glendale	WI	53209	Attorney	0	40.00	40.00	0.00	
										Subtotal	0.00	

**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.

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Staskunas

Street Address
2010 South 103rd Ct.

City, State and Zip Code
West Allis, Wi. 53227

OFFICE USE ONLY

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 2019 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
 Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

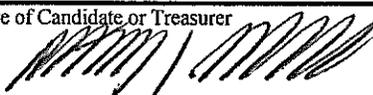
	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 600
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$.06	\$.56
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.06	\$ 600.56
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 0	\$ 4,001.16
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 4,001.16

CASH SUMMARY

Cash Balance Beginning of Report	\$ 181.66
Total Receipts	\$.06
Subtotal	\$ 181.72
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 181.72
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 5,300

REC'D 190109 PM 1252

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 Anthony J. Staskunas	Signature of Candidate or Treasurer 	Date: 1-7-2019
	Email	Daytime Phone: 541-9440

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name
Friends of Staskunas

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
7-5-18	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.01
8-3-18	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.01
9-5-18	BMO Harris Bank P.O. Box 94033 Palatine, Wi. 60094	interest	.01
10-5-18	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.01
11-5-18	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.01
12- -18	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.01
SUBTOTAL OTHER INCOME THIS PAGE			\$.06
TOTAL ITEMIZED OTHER INCOME			\$.06
TOTAL OTHER INCOME			\$.06

SCHEDULE 3-B

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

Complete Committee Name
Friends of Staskunas

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

Date 1/7/19	Full Name, Mailing Address and Zip Code of Loan Source Tony Staskunas 2010 South 103rd Ct. West Allis, Wi. 53227	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
		5,300-	0	0	5,300

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	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
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$ 5,300
TOTAL OUTSTANDING LOANS	\$ 5,300

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD*190114 AM 11:25

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 JOHN F. WEISHAN JR.

Street Address

2719 50 CLEVELAND PARK DR.

City, State and Zip Code

WEST Allis, WI. 53219

OFFICE USE ONLY

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 *18* Pre-Primary _____ Spring Fall Special
 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

\$ - 0 -

\$ *300.00*

1B. Contributions from Committees (Transfers-In)

\$ - 0 -

\$ *150.00*

1C. Other Income and Commercial Loans

\$ - 0 -

\$ - 0 -

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ - 0 -

\$ *450.00*

2. DISBURSEMENTS

2A. Gross Expenditures

\$ *450.00*

\$ *1,375.00*

2B. Contributions to Committees (Transfers-Out)

\$ - 0 -

\$ - 0 -

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ *450.00*

\$ *1,375.00*

CASH SUMMARY

Cash Balance Beginning of Report

\$ *933.05*

Total Receipts

\$ - 0 -

Subtotal

\$ *933.05*

Total Disbursements

\$ *450.00*

CASH BALANCE END OF REPORT

\$ *483.05*

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ - 0 -

LOANS (Balance at the Close of This Period-3B)

\$ *4,662.67*

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

John F. Weishan Jr.

Signature of Candidate or Treasurer

[Handwritten Signature]

Date: *1/13/19*

Daytime Phone *(414) 278-4255*

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 Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/2/18	<i>Andrew Norman</i> <i>3522 So. 88th Street</i> <i>Milwaukee, WI. 53228</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>Alcott Park</i> <i>4th of July Parade</i>	<i>100.00</i>
8/24/18	<i>John F Weishan Jr.</i> <i>2719 So. Cleveland Park Dr.</i> <i>West Allis, WI. 53219</i> Check if: <input type="checkbox"/> In-Kind Offset <i>(Candidate)</i>	<i>Loan Repayment</i>	<i>250.00</i>
11/27/18	<i>John F. Weishan Jr.</i> <i>2719 So. Cleveland Park Dr.</i> <i>West Allis, WI. 53219</i> Check if: <input type="checkbox"/> In-Kind Offset <i>(Candidate)</i>	<i>Loan Repayment</i>	<i>100.00</i>
/ /	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			\$ <i>450.00</i>
TOTAL ITEMIZED EXPENDITURES			\$ <i>450.00</i>
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ <i>0.00</i>
TOTAL EXPENDITURES			\$ <i>450.00</i>

Complete Committee Name
Friends of JOHN F. WEISHAN JR.

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

	Full Name, Mailing Address and Zip Code of Loan Source JOHN F. WEISHAN JR. 2719 SO. CLEVELAND PARK DR. WESTALLIS, WI. 53219	Outstanding Balance Beginning of This Period 5,012.67	New Loans This Period - 0 -	Cumulative Payments This Period 350.⁰⁰	Outstanding Balance End of This Period 4,662.67
Date / /					

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 \$

	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
Date / /					

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 \$

	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
Date / /					

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 **\$ 4,662.67**
TOTAL OUTSTANDING LOANS **\$ 4,662.67**



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY
STATE OF WISCONSIN

NCEC REP0190114 PM 12:51

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Friends of William Wilkins			
A2. Committee/Conduit ID Number (if applicable)	A3. Email sck5@earthlink.net	A4. Phone (414) 507-7834	
A5. Mailing Address 931 E Russell Ave #110	A6. City Milwaukee	A7. State WI	A8. Zip 53207

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One) <input checked="" type="checkbox"/> January Continuing <input type="checkbox"/> Spring Pre-Primary <input type="checkbox"/> Fall Pre-Primary <input type="checkbox"/> Special Pre-Primary <input type="checkbox"/> July Continuing <input type="checkbox"/> Spring Pre-Election <input type="checkbox"/> September <input type="checkbox"/> Special Pre-Election <input type="checkbox"/> Fall Pre-Election <input type="checkbox"/> Special Post-Election			B2. Special Election Date (if applicable)
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar</i>	B3. Reporting Period Start Date 7/1/18 B4. Reporting Period End Date 12/31/2018		
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) <input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund			

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>	C1. Exemption Request and Affirmation <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input checked="" type="checkbox"/> No, this registrant is not requesting exemption
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SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).

Authorized Representative		
D1. Printed Name Steven C. Kroll	D2. Signature 	D3. Date 1/14/19