

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

Is This Report an Amendment:     Yes     No

MILWAUKEE COUNTY  
ELECTION COMMISSION

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

**COMMITTEE IDENTIFICATION**

2013 JAN 31 A 11:55

Name of Committee

*Friends of John F. Weishan Jr.*

**RECEIVED**  
OFFICE USE ONLY

Street Address

*2605 So. 82nd Street.*

City, State and Zip Code

*WEST Allis, WI. 53219*

WSEB ID Number:

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

**NAME OF REPORT**

- January Continuing     Pre-Primary     Spring     Fall     Special
- July Continuing     Pre-Election     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ -0-	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-	\$	\$
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ -0-	\$ -0-	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 9.00	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 9.00	\$	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 229.49	\$
Total Receipts	\$ -0-	\$
Subtotal	\$ 229.49	\$
Total Disbursements	\$ 9.00	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 220.49	\$
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -0-	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 4,615.99	\$

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer <i>John F. Weishan Jr.</i>	Signature of Candidate or Treasurer 	Date: <i>1/31/2013</i> Daytime Phone: <i>(414)278-4255</i>
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The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

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

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
*Friends of John F. Wershaw 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	Office Use
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
/ /	Check if: <input type="checkbox"/> In-Kind Offset			
/ /	Check if: <input checked="" type="checkbox"/> In-Kind Offset			
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			\$	
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$	
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			\$	9.00
<b>TOTAL EXPENDITURES</b>			\$	9.00

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

Complete Committee Name  
Friends of John F. Weishan Jr.

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /	<u>John F. Weishan Jr.</u> <u>2605 So. 82nd St.</u> <u>West Allis, WI. 53219</u>	<u>4,615.99</u>	<u>-0-</u>	<u>-0-</u>	<u>4,615.99</u>

List All Endorsers or Guarantors (if any)

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

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

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	<b>\$</b>
<b>TOTAL OUTSTANDING LOANS</b>	<b>\$</b>