

**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.

~~7-12 to 12-31-12~~
01-01-13 to 06-30-13
Received 7/22/13
11:50 AM AC

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF CHRIS MOEWS

Street Address

8898 GREENVIEW LN

City, State and Zip Code

GREENDALE WI 53129

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 Spring Fall Special
 July Continuing 2013 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ 4925⁷⁶

\$ 8926⁷⁶

1B. Contributions from Committees (Transfers-In)

\$ 500⁰⁰

\$ 500⁰⁰

1C. Other Income and Commercial Loans

\$ 0

\$ 0

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

\$ 5425⁷⁶

\$ 9426⁷⁶

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 2188⁷³

\$ ~~4926~~ 1214⁷⁶

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

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

\$ 2188⁷³

\$ 1214⁷⁶

CASH SUMMARY

Cash Balance Beginning of Report

\$ 6419³⁸

Total Receipts

\$ 5425⁷⁶

Subtotal

\$ 11845¹⁴

Total Disbursements

\$ 2188⁷³

CASH BALANCE END OF REPORT

\$ 9656⁴¹

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

VICKIE M. STRACHOTA

Signature of Candidate or Treasurer

Vickie M. Strachota

Date: 07-19-13

Daytime Phone: 414-333-6573

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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHRIS MOENS

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
01/15/13	POKRANT JOHN 6717 MILWAUKEE AVE WAUWATOSA WI 53213 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		25 ⁰⁰	25 ⁰⁰ Office Use
01/15/13	ROCKWOOD CHRISTOPHER 2448 N 73RD ST WAUWATOSA WI 53213 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
01/21/13	LUCEY PAUL 2907 E. LINNWOOD AVE MILW WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	ATTORNEY	25 ⁰⁰	25 ⁰⁰ Office Use
01/21/13	QUINN THOM 742 HIGHERIFF TR MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	BOUSHON RUSSELL 7327 W. MORGAN AVE MILW WI 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	DEPUTY SHERIFF MILW COUNTY 821 W. STATE ST MILW WI 53233	100 ⁰⁰	600 ⁰⁰ Office Use
05/06/13	BOUSHON SUSAN 7327 W. MORGAN AVE MILW WI 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	TEACHER MPS 5225 W VLIET ST MILW WI 53208	100 ⁰⁰	100 ⁰⁰ Office Use
05/06/13	CARLIN CAROL 6914 W. COLDSRING GREENFIELD WI 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	CHRISTENSEN JEFFREY 4336 MELODY LN #202 MADISON WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		25 ⁰⁰	25 ⁰⁰ Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 425 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 425 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 20 ⁰⁰	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 445 ⁰⁰	

Complete Committee Name
FRIENDS OF CHRIS MOENS

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
05/06/13	CHRISTENSON JEFFREY 4336 MELODY LN #202 MADISON WI 53704		25 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	CORNWELL GERIC 9225 BEVERLY PL WAUWATOSA WI 53226		25 ⁰⁰	25 ⁰⁰ Office Use
05/06/13	DEEMER DAVID 7225 ELBERTON AVE GREENDALE WI 53129		25 ⁰⁰	25 ⁰⁰ Office Use
05/06/13	EISNER DAVID 10621 W. LINCOLN #1 WEST ALLIS WI 53227		25 ⁰⁰	25 ⁰⁰ Office Use
05/06/13	FABIAN TERESE 3540 S III ST GREENFIELD WI 53211		50 ⁰⁰	75 ⁰⁰ Office Use
05/06/13	FALK TERENCE 2978 SWENTWORTH AVE MILWAUKEE WI 53207	SCHOOL BOARD DIRECTOR UNKNOWN	50 ⁰⁰	150 ⁰⁰ Office Use
05/06/13	HAZER CURTIS 9131 W CLEVELAND WEST ALLIS WI 53233		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	GREENING KENNETH 642 S 92 PL WEST ALLIS WI 53214	RETIRED	100 ⁰⁰	225 ⁰⁰ Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 350⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS \$ 445⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ 5⁰⁰

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 800⁰⁰

Complete Committee Name
Friends of CIVIS MOEWS

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 Office Use
05/06/13	KUKOWSKI TOM 12356 W. HOLT AVE WEST ALLIS WI 53214		25 ⁰⁰	25 ⁰⁰
05/06/13	McKENZIE KERRIE 6995 S RIVERWOOD BLVD # 300 FRANKLIN WI 53132	ADMINISTRATOR HOUSE OF CORRECTION 8885 S. 68 ST FRANKLIN WI 53132	200 ⁰⁰	200 ⁰⁰
05/06/13	MOEWS NANCY 6965 HEATH MEADOW CT GREENDALE WI 53129	RETIRED	100 ⁰⁰	700 ⁰⁰
05/06/13	PARTHAM IRENE 11430 W GODSHELL AVE HALES CORNERS WI 53130		75 ⁰⁰	75 ⁰⁰
05/06/13	Ricca Joanne 1910 E JARVIS ST SHOREWOOD WI 53211		50 ⁰⁰	50 ⁰⁰
05/06/13	SANTORO SANDRA 3361 E RAMSEY AVE CUDAM WI 53110		50 ⁰⁰	150 ⁰⁰
05/06/13	Schofs KEVIN 3456 S 58 ST MILWAU WI 53219	CORRECTION OFFICER HOUSE OF CORRECTION 8885 S. 68 ST FRANKLIN, WI 53132	50 ⁰⁰	400 ⁰⁰
05/06/13	STRACHOTA MARK 8890 GREENVIEW LN GREENDALE WI 53129	SECURITY OFFICER CHILDREN'S HOSPITAL 9200 W. WISCA AVE MILWAU WI 53226	100 ⁰⁰	300 ⁰⁰
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 650 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 800 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 30 ⁰⁰	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 1480 ⁰⁰	

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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
05/06/13	STRACHOTA VICKIE 8890 GREENVIEW LN GREENDALE WI 53129	RETIRED	100 ⁰⁰	200 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	STEARNS JAMES 2205 N SUMMIT AVE MILWAUKEE WI 53211	RETIRED	50 ⁰⁰	150 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	SUCHOASKI MARTY 8720 W ELM ST FRANKLIN WI 53132		25 ⁰⁰	25 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	TARZALA MARK 7314 S 51ST FRANKLIN WI 53132		30 ⁰⁰	30 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	TOMCZYK KAREN 7005 HEATH MEADOW GREENDALE WI 53129	RETIRED	100 ⁰⁰	100 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	VILHA MARSHA 5174 LAKESIDE DR GREENDALE WI 53129		25 ⁰⁰	25 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	WAARVIK SCOTT 1112 S. 94 ST WESTALLIS WI 53214	POLICE SGT WESTALLIS PD 11301 W. LINCOLN AVE WESTALLIS WI 53227	100 ⁰⁰	100 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/06/13	ZAWADZKI JOHN 5862 SUGARBUSH LN GREENDALE WI 53129		50 ⁰⁰	50 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 480 ⁰⁰
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1480 ⁰⁰
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1480 ⁰⁰

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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
05/06/13	ZIELINSKI ANTHONY 2463 S SUPERIOR MILW WI 53207		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	GUS HASSEIN 1582 S 55 ST MILW WI 53208	OWNER GUS MEXICAN REST 6514 S. LOVELLS LN FRANKLIN WI 53130	300 ⁰⁰	300 ⁰⁰ Office Use
05/06/13	FETTER BRUCE 1800 N PROSPECT AVE MILW WI 53202		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	LUCEY PAUL 2907 E. LINWOOD AVE MILW WI 53211		50 ⁰⁰	75 ⁰⁰ Office Use
05/06/13	UKASICK ANDREW 8457 N 111 ST MILW WI 53224	TECHNICAL ARCHITECT AT&T 732 N BROADWAY MILW WI 53202	25 ⁰⁰	125 ⁰⁰ Office Use
05/06/13	PENNGENEVIEVE 2876 S 34 ST MILW WI 53215		30 ⁰⁰	30 ⁰⁰ Office Use
05/06/13	KUEN KRAIG 2044 S 37 ST MILW WI 53215	DEPUTY SHERIFF MILW COUNTY 821 W STATE ST MILW WI 53233	100 ⁰⁰	100 ⁰⁰ Office Use
05/06/13	UKASICK ANDREW 8457 N 111 ST MILW WI 53224	TECHNICAL ARCHITECT AT&T 732 N BROADWAY MILW WI 53202	50 ⁰⁰	175 ⁰⁰ Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 655 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 1900 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 30 ⁰⁰	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 2645 ⁰⁰	

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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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
05/06/13	SUEDIC RUTH 8457 N 111 ST MILW WI 53224		50 ⁰⁰	50 ⁰⁰ Office Use
05/06/13	KENT T, MOTHY 2150 W GOODHORN #309 GLENDALE WI 53209	RETIRED	100 ⁰⁰	100 ⁰⁰ Office Use
05/06/13	TILLEY JEFFREY 8856 W SILVERWOOD FRANKLIN WI 53122	CFO CATHOLIC LIFE INS 1100 W WELLS ST MILW WI 53233	100 ⁰⁰	100 ⁰⁰ Office Use
05/06/13	PENN GENEVIEVE 2876 S 34 ST MILW WI 53215		40 ⁰⁰	70 ⁰⁰ Office Use
05/16/13	CRISS JAMES 3134 N 45 ST MILW WI 53216	RETIRED	100 ⁰⁰	150 ⁰⁰ Office Use
05/16/13	GOYKE EVAN 133 W OREGON ST #302 MILW WI 53204		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	JACHOWICZ II MICHELLE 4750 STRATFORD DR. GREENDALE WI 53129		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	KESSLER FREDERICK 934 W CLOVERMOOR ST MILW WI 53224		25 ⁰⁰	25 ⁰⁰ Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$515⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$2645⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$40⁰⁰

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$3200⁰⁰

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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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
05/16/13	LUGO YASIA 3035 S 76 ST #1 MILWAUKEE WI 53220		40 ⁰⁰	40 ⁰⁰ Office Use
05/16/13	MOEWS CHRIS 5417 W JERELYN MILWAUKEE WI 53219	POLICE LT MPD 749 W STATE ST MILWAUKEE WI 53233	200 ⁰⁰	400 ⁰⁰ Office Use
05/16/13	PEDRAZA BONNIE 4331 N WILDWOOD AVE SHOREWOOD WIS 53211		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	QUINDEL ROGER 2207 E IVANHOE PL MILWAUKEE WI 53202		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	RECKLIES APRIL 3456 S 58 ST MILWAUKEE WI 53219		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	ROCKWOOD CHRISTOPHER 2448 N 73 ST WAUWATOSA WI 53223	ENGINEER MENTOR GRAPHICS CORP 800 S W BOECKMAN RD WILSONVILLE OR 97070	50 ⁰⁰	100 ⁰⁰ Office Use
05/16/13	SAYOTOVICH NICK 3831 W EDGEMONT AVE GREENFIELD WI 53221	ENGINEER REXNORD 4800 W MITCHELL ST MILWAUKEE	100 ⁰⁰	100 ⁰⁰ Office Use
05/16/13	SHEEDAN WILLIAM 2734 S 68 ST MILWAUKEE WI 53219		40 ⁰⁰	40 ⁰⁰ Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$580 ⁰⁰	
TOTAL ITEMIZED CONTRIBUTIONS			\$320 ⁰⁰	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$0 ⁰⁰	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$3280 ⁰⁰	

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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
05/16/13	SIEFALT JOHN 2951 N MARIETTA AVE MILW WI 53211		50 ⁰⁰	50 ⁰⁰ Office Use
05/16/13	S WEDBERGH KELLY 1616 A N JACKSON ST MILW WI 53202		25 ⁰⁰	25 ⁰⁰ Office Use
05/16/13	TABBERT ROBERT 7216 DORCHESTER LN GREENDALE WI 53129	ROGER	25 ⁰⁰	25 ⁰⁰ Office Use
05/16/13	MCDONALD CLIFF 1850 N WATER ST MILW WI 53202	OWNER BROACH IRISH PUB 1850 N WATER ST MILW WI 53202	155 ⁰⁰	155⁰⁰ Office Use
05/21/13	BEAUMONT MARY ANN 1325 N VANBUREN #407 MILW WI 53202	ACCOUNTANT WEDNER PAGES & COPY 312 E WISC STE 71 MILW WI 53202	100 ⁰⁰	100 ⁰⁰ Office Use
05/21/13	DURACK STEVEN 3212 N SUMMIT AVE MILW WI 53211		50 ⁰⁰	50 ⁰⁰ Office Use
05/21/13	GILBERT EUGENE 1800 N PROSPECT MILW WI 53202	RETIRED	100 ⁰⁰	100 ⁰⁰ Office Use
05/21/13	GOYKE GARY 130 LAKEWOOD BLVD MADISON WI 53704	CONSULTANT/HOBBIST SELF EMP 130 LAKEWOOD BLVD MADISON WI 53704	200 ⁰⁰	200 ⁰⁰ Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 705⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$ 3780⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 4485⁰⁰

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF CHRIS MOEUS

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
05/21/13	JACKSON GREGORY 7765 N 80 ST MILW WI 53223	POLICE OFFICER MPD 6680 N TEUTONIA MILW WI 53	50 ⁰⁰	50 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	LANGE JOANNE 2128 N 73 ST WAUWATOSA WI 53213	RETIRED	50 ⁰⁰	100 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	ORVILS SHANNON 7930 W O'CONNOR ST MILW WI 53214	POLICE OFFICER MPD 749 W STATE ST MILW WI 53233	100 ⁰⁰	300 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	SCHOOF KEVIN 3456 S 58 ST MILW WI 53219	CORRECTION OFFICER HOUSE OF CORRECTION 885 S. 68 ST FRANKLIN WI 53132	50 ⁰⁰	450 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	CHRIS MOEUS 5417 W JERELYN MILW WI 53219	POLICE LT MPD 749 W. STATE ST MILW WI 53233	60 ⁷⁶	460 ⁷⁶
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	POKRANDT JOHN 6717 MILWAUKEE Ave WAUWATOSA WI 53213		50 ⁰⁰	75 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	PHILLIPS CATE 759 N MILW ST MILW WI 53202		25 ⁰⁰	25 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use
05/21/13	KRUEGER KAREN 20155 W HICKORY TR NEW BERLIN WI 53146		25 ⁰⁰	25 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$410⁷⁶

TOTAL ITEMIZED CONTRIBUTIONS

\$4485⁰⁰

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$30⁰⁰

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$4925⁷⁶

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
05/16/13	WINURSING ASSOC PAC 0500909 9620 W GREENFIELD AVE WEST ALLIS WI 53214 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	500 ⁰⁰	750 ⁰⁰
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 500 ⁰⁰	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 500 ⁰⁰	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

FRIENDS OF CHRIS MOEWS

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
05/06/13	GUS'S MEXICAN RESTAURANT 6514 S LOVERS LN FRANKLIN, WI 53130 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FOOD FOR FUND RAISER	300 ⁰⁰
05/09/13	GUS'S MEXICAN RESTAURANT 6514 S LOVERS LN FRANKLIN, WI 53130 Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR FUND RAISER	200 ⁰⁰
05/09/13	WEBER PRINTING 3048 N 34 ST MILWAUKEE, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING COLLECTION ENVELOPES	346 ³⁷
05/09/13	NATION CONSULTING 5027 W NORTH AVE MILWAUKEE, WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	DOMAIN NAMES 1YR WEBSITE HOSTING MARCH + APRIL 2013	91 ⁹⁴
05/16/13	PROCACH IRISH PUB 1850 N WATER ST MILWAUKEE, WI 53202 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FOOD FOR FUND RAISER	155 ⁰⁰
05/21/13	HOCUS FOCUS 1233 S 31 ST MILWAUKEE, WI 53215 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGNE PHOTO SHOT	600 ⁰⁰
05/24/13	WEBER PRINTING 3048 N 34 ST MILWAUKEE, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	2,500 BUSINESS CARDS	183 ⁷⁴
05/21/13	CHRIS MOEWS 5417 W JERELYN MILWAUKEE, WI 53219 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FOOD FOR FUND RAISER	68 ⁷⁶
06/02/13	WEBER PRINTING 3048 N 34 ST MILWAUKEE, WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	5000 FLYERS INVITE 05-06-13 GUS'S MEXICAN RESTAURANT	209 ⁰⁹

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 2146⁹⁰

TOTAL ITEMIZED EXPENDITURES

\$ 2146⁹⁰

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 6⁰⁰

TOTAL EXPENDITURES

\$ 2152⁹⁰

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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
06/30/13	ACT BLUE OF W I PO BOX 382110 CAMBRIDGE MA Check if: <input type="checkbox"/> In-Kind Offset <u>02238-2110</u>	CREDIT CARD PROCESSING FEE 01-01-13 to 06-30-13	35.83
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	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	\$ 35.83
TOTAL ITEMIZED EXPENDITURES	\$ 2152.90
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 0
TOTAL EXPENDITURES	\$ 2188.73

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ <u>0</u>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u>0</u>	

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$	<u>0</u>
TOTAL ITEMIZED OBLIGATIONS	\$	<u>0</u>
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$	<u>0</u>
TOTAL INCURRED OBLIGATIONS	\$	<u>0</u>

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS OF CHRIS MOEWS

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
/ /					

List All Endorsers or Guarantors (if any)

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

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

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

List All Endorsers or Guarantors (if any)

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

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

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

List All Endorsers or Guarantors (if any)

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

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 0

TOTAL OUTSTANDING LOANS \$ 0