

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

7-1-13 to 12-31-13

MILWAUKEE COUNTY
ELECTION COMMISSION

Is This Report an Amendment: Yes No

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

2014 JAN 29 A 8:13

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF PAT JURSIK

Street Address
4600 SO. PACKARD AVE.

City, State and Zip Code
CUDAHY, WI 53110

RECEIVED *SE*
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 Pre-Election Spring Fall Special
- Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$ -0- | \$ -0- |
| 1B. Contributions from Committees (Transfers-In) | \$ -0- | \$ -0- |
| 1C. Other Income and Commercial Loans | \$ -0- | \$ -0- |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ -0- | \$ -0- |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ -0- | \$ -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 | \$ 1,805.22 |
| Total Receipts | \$ -0- |
| Subtotal | \$ 1,805.22 |
| Total Disbursements | \$ -0- |
| CASH BALANCE END OF REPORT | \$ 1,805.22 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ -0- |
| LOANS (Balance at the Close of This Period-3B) | \$ 11,791.47 |

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

| | | |
|---|--|-----------------------------|
| Type or Print Name of Candidate or Treasurer <i>PATRICIA D. JURSIK</i> | Signature of Candidate or Treasurer <i>Patricia D. Jurzik</i> | Date: JAN 22 2014 |
| | | Daytime Phone: 414-744-7960 |

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 PAT JURSIK

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

| Date | Full Name, Mailing Address and Zip Code | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total |
|------|---|---|--------|-----------------------------|
| / / | NONE | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
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| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
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| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
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| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |
| / / | | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit | Conduit Name: _____ | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ - 0 -

TOTAL ITEMIZED CONTRIBUTIONS

\$ - 0 -

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ ~ 0 -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ - 0 -

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF PAT JURSIK

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

| Date | Full Name of Committee, Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total |
|--|--|-----------------|-----------------------------|
| / / | NONE | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
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| | 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 | | \$ - 0 - | |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | \$ - 0 - | |

RECEIPTS
Other Income and Commercial Loans

1-C

Complete Committee Name
FRIENDS OF PAT JURSIK

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

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

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF PAT JURSIK

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

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|------|--|---------------------------------|--------|
| / / | NONE | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| / / | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ -0-

TOTAL ITEMIZED EXPENDITURES

\$ -0-

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ -0-

TOTAL EXPENDITURES

\$ -0-

SCHEDULE 2-B

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name
FRIENDS OF PAT JURSIK

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

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

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
FRIENDS OF PAT JURSIK

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

| | | Outstanding Balance Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Balance At Close of This Period |
|-------------|--|---|--|---------------------------------|---|
| Date / / | Full Name, Mailing Address and Zip Code of Creditor NONE | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$ -0-

TOTAL ITEMIZED OBLIGATIONS

\$ -0-

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$ -0-

TOTAL INCURRED OBLIGATIONS

\$ -0-

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

Complete Committee Name
FRIENDS OF PAT JURSIK

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

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|---------|--|--|-----------------------|---------------------------------|--|
| 1/22/14 | PATRICIA D. JURSIK, CANDIDATE 4600 SO. PACKARD AVE. CUDAHY, WI 53110 | 11,791.47 | -0- | -0- | 11,791.47 |

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$11,791.47

TOTAL OUTSTANDING LOANS \$11,791.47