

7-1-14 to 12-31-14

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

E

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

COMMITTEE IDENTIFICATION

2015 JAN 22 A 9:40

Name of Committee

FRIENDS OF PAT JURSIK

RECEIVED *10*

Street Address

4600 SO. PACKARD AVE.

OFFICE USE ONLY

City, State and Zip Code

CUDAHY, WI 53110

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 2015 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)

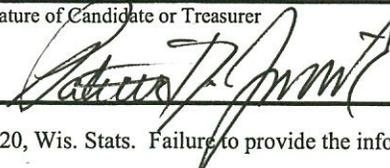
\$ 11,791.47 ✓

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

PATRICIA D. JURSIK

Signature of Candidate or Treasurer



Date: JANUARY 12, 2015

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.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF PAT JURSIK

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	NONE			
	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: _____		
/ /				
	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: _____		

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		
/ /			
	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		
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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 -	

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		
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$ -0-
TOTAL ITEMIZED OTHER INCOME			\$ -0-
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$ -0-
TOTAL OTHER INCOME			\$ -0-

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		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ - 0 -
TOTAL ITEMIZED EXPENDITURES			\$ - 0 -
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -
TOTAL EXPENDITURES			\$ - 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
1/12/15	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