

**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.

MILWAUKEE COUNTY  
ELECTION COMMISSION

2015 JUL 20 P 3:42

RECEIVED

OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee

FRIENDS OF CHARLIE FOX

Street Address

2920 W McKINLEY BLVD

City, State and Zip Code

MILWAUKEE WI 53208

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 2015     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

\$ 2964.54 ✓    \$ 2964.54

1B. Contributions from Committees (Transfers-In)

\$ 26.00 ✓    \$ 26.00

1C. Other Income and Commercial Loans

\$ —    \$ —

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

\$ 2990.54 ✓    \$ 2990.54

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 2960.08    \$

2B. Contributions to Committees (Transfers-Out)

\$ —    \$

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

\$ 2960.08 ✓    \$

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 142.54 ✓

Total Receipts

\$ 2990.54 ✓

Subtotal

\$ 3133.08 ✓

Total Disbursements

\$ 2960.08

**CASH BALANCE END OF REPORT**

\$ 173.00

**INCURRED OBLIGATIONS**

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

\$ 600. — ✓

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

\$ 3200. — ✓

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

Joyce Ann Seiser

Signature of Candidate or Treasurer

Joyce A Seiser

Date: 7/20/2015

Email: jaseiser@aol.com    Daytime Phone: 933-6189

**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. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name  
**FRIENDS OF CHARLIE FOX**

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
2/26/15	BRENDA LEWISON 1219 N 49 ST MILWAUKEE 53208		<del>\$50.-</del> \$50.-	50.-
2/11/15	CHARLES KAHN 3043 N SUMMIT AVE MILWAUKEE 53211		\$160.-	160
2/14/15	TERRY MILLS 2537 SKINNICKINNIC MILWAUKEE 53307		\$200.-	200
2/14/15	TERRY MILLS "		\$25.-	225
2/11/15	TODD LOE 3725 S MARCY ST MILWAUKEE 53220		\$55.-	55.-
2/14/15	TODD LOE "		\$45.-	100.-
2/14/15	SONJA LOE "		\$15.-	15.-
2/14/15	JANICE GIFFORD 7813 W CLARKE ST WALWATOSA 53213		\$70.-	70.-

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$620.-
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$2964.54
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ -
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$2964.54

Contributions (Including Loans) From Individuals

Complete Committee Name  
**FRIENDS OF CHARLIE FOX**

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
2/14/15	MAYHOLA MOUA 1642 N 16 ST MILWAUKEE 53205		\$100.-	100.-
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	JOHNNY ZABRODNIK 2864 N MURRAY AVE MILWAUKEE WI 53211		\$75.-	75.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	CHRIS ROCKWOOD 2448 N 73 ST WAUWATOSA 53213	NOT EMPLOYED	\$250.-	250.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	ALAN JABERG 3276 N 47 ST MILWAUKEE 53216		\$55.-	55.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	JEFF HYNES 2815 CAMDEN LN BROOKFIELD 53045		\$20.-	20.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	GARY GOYKE 130 LAKEWOOD BL MADISON 53704		\$145.-	145.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	CERIL SUTPHEN 2828 S PINE AVE MILWAUKEE 53207		\$30.-	30.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	PATTI KEATING KAHN 759 N MILWAUKEE ST MILWAUKEE 53202		\$100.-	100.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 775.-

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2964.54

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2964.54

Contributions (Including Loans) From Individuals

Complete Committee Name  
**FRIENDS OF CHARLIE FOX**

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
2/14/15	JOHNNY ZAGRODNIK 2864 W MURRAY AVE MILWAUKEE 53211	STUDENT	\$40.-	115.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	SUE CLEMENT 3477 N CRAMER AVE MILWAUKEE 53211	RETIRED	\$241.92	241.92
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	JEFFREY SWEETLAND 1902 N 49 ST MILWAUKEE 53208		\$50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	ROBERT BALLMAN 856 N 29 ST MILWAUKEE 53208		\$50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	JULIE KERKSICK 3135 W JUNEAU AVE MILWAUKEE 53208		\$50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	GARY GOYKE 130 LAKEWOOD AVE MADISON 53704		\$105	\$250.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	SHANYELL Mc CLOUD 2137 N 44 ST MILWAUKEE 53208		\$21.-	21.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1 1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$557.92
TOTAL ITEMIZED CONTRIBUTIONS	\$3964.54
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ -
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$3964.54

RECEIPTS  
Contributions (Including Loans) From Individuals

Complete Committee Name  
FRIENDS OF CHARLIE FOX

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
2/12/15	CHARLES FOX 2920 W MCKINLEY BL MILWAUKEE 53208	CANDIDATE	\$50.-	50.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/12/15	"	"	\$24.26	74.26
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/12/15	"	"	\$7.43	81.69
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/13/15	"	"	\$211.-	292.69
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/25/15	"	"	\$70.-	362.69
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/13/15	"	"	\$13.93	376.62
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	"	"	\$620.-	996.62
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/15	"	"	\$15.-	1011.62
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$1011.62 ✓

TOTAL ITEMIZED CONTRIBUTIONS

\$2964.54

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$2964.54 ✓

**SCHEDULE 1-B**

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name  
FRIENDS OF CHARLIE FOX

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
2/26/15	FRIENDS OF JONATHAN BROSTOFF PO BOX 511216 MILWAUKEE 53203	\$26.-	\$26.-
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
/ /	Full Name of Committee, 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-In) THIS PAGE**    \$ 26.-

**TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES**    \$ 26.- ✓



Complete Committee Name  
**FRIENDS OF CHARLIE FOX**

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
2/13/15	CERMAK 1541 MILLER PARK WAY WEST MILWAUKEE Check if: <input type="checkbox"/> In-Kind Offset	FOOD FOR FUNDRAISER	\$59.28 <del>\$73.21</del>
2/13/15	GFS 2064 MILLER PARK WAY WEST MILWAUKEE 53219 Check if: <input type="checkbox"/> In-Kind Offset	"	\$24.26
2/19/15 2/25	THIRD SECTOR CREATIVE 2310 N 68 ST WALWATOSA 53213 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAGN MARKETING CONSULTANT	\$1200.-
2/14/15	CHARLES KAHN Check if: <input checked="" type="checkbox"/> In-Kind Offset	DEBT REDUCTION FUNDRAISER CONTRIBUTION TO SILENT AUCTION	\$160.-
2/14/15	TERRY MILLS Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	\$200.-
2/14/15	TODDI LOE Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	\$55.-
2/14/15	JANICE GIFFORD Check if: <input checked="" type="checkbox"/> In-Kind Offset	"	\$70.-
2/14/15	MAYHOUA MOUA Check if: <input type="checkbox"/> In-Kind Offset	"	\$100.-
2/14/15 2/12-14/15	SUE CLEMENT CHARLES FOX Check if: <input checked="" type="checkbox"/> In-Kind Offset	" FUNDRAISER	\$241.92 876.62

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2960.08
TOTAL ITEMIZED EXPENDITURES	\$ 2960.08
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —
TOTAL EXPENDITURES	\$ 2960.08

2987.08  
27.00



**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name  
FRIENDS OF CHARLIE FOX

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
3/9/15	THIRD SECTOR CREATIVE 2310 N 68 ST WALWATOSA 53213	\$1800	0	\$1200	\$600
		Nature of Debt (Purpose) PAYMENT ON CONTRACT FOR SERVICES			
/ /					
		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**      \$ \$600.-

**TOTAL ITEMIZED OBLIGATIONS**      \$ \$600.-

**TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS**      \$ -

**TOTAL INCURRED OBLIGATIONS**      \$ \$600.-

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

Complete Committee Name  
FRIENDS OF CHARLIE FOX

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>1/28/15</u>	<u>CHARLES FOX 2920 W MCKINLEY BL MILWAUKEE 53208</u>	<u>\$3200</u>	<u>—</u>	<u>—</u>	<u>\$3200</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
<u>/ /</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
<u>/ /</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 \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ <u>3200</u>
<b>TOTAL OUTSTANDING LOANS</b>	\$ <u>3200</u>