CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2016 JAN 13 A 11:57
RECEIVED

Is This Report an Amendment: ☐ Yes ☒ No

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

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 2016 ☐ Pre-Primary _____
☐ July Continuing _____ ☐ Spring ☐ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____

☐ 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	$ 2964.54
1B. Contributions from Committees (Transfers-In)	$ 0	$ 26.-
1C. Other Income and Commercial Loans	$ —	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 0	$ 2990.54
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 0	$ 2987.08
2B. Contributions to Committees (Transfers-Out)	$ 0	$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 0	$ 2987.08

CASH SUMMARY	
Cash Balance Beginning of Report	$ 137.00
Total Receipts	$ 0
Subtotal	$ 137.00
Total Disbursements	$ 0
CASH BALANCE END OF REPORT	$ 137.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 600.00
LOANS (Balance at the Close of This Period-3B)	$ 3200.00

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	Signature of Candidate or Treasurer	Date: 1/8/2016
JOYCE ANN SEISER	Joyce A Seiser	
	Email JASEISER@aol.com	Daytime Phone: 414-933-6189

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

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 Of Contributor	Occupation (if year-to-date total exceeds $200)	Amount of Contribution	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$	
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 0	2990.54

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	Committee Ethics ID Number	Amount of Contribution
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
		SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$
		TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$ 0

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

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 Source of Income	Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE	$
TOTAL ITEMIZED OTHER INCOME	$
TOTAL OTHER INCOME	$ 0

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

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
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 0

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees (Transfers-Out)

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	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
		SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	$	
		TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	$ 0	0

SCHEDULE 3-A

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Complete Committee Name

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
/ /	THIRD SECTOR CREATIVE 2310 N 68 ST WAUWATOSA WI 53213	600	0	0	600
		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)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	$ 600
TOTAL ITEMIZED OBLIGATIONS	$ 600
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$ 0
TOTAL INCURRED OBLIGATIONS	$ 600

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /	CHARLES FOX	3200	0	0	3200

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation:
	Amount Guaranteed Outstanding: $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation:
	Amount Guaranteed Outstanding: $

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

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation:
	Amount Guaranteed Outstanding: $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation:
	Amount Guaranteed Outstanding: $

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

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation:
	Amount Guaranteed Outstanding: $
Full Name, Mailing Address and Zip Code of Guarantor	Occupation:
	Amount Guaranteed Outstanding: $

SUBTOTAL OUTSTANDING LOANS THIS PAGE	$ 3200
TOTAL OUTSTANDING LOANS	$ 3200