

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

FRANKLIN COUNTY
ELECTION COMMISSION

Is This Report an Amendment: Yes No

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

2016 JAN 15 P 2:57

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF PATTY LOGSDON

Street Address

12100 W. BELMAR DRIVE

City, State and Zip Code

FRANKLIN, WI 53132

RECEIVED

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 2016 Pre-Primary _____
 July Continuing _____ Spring Fall Special Termination Report
 September Continuing _____ Pre-Election _____
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	\$ 220.00	\$ 220.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 17.69	\$ 17.69
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 237.69	\$ 237.69
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 202.27	\$ 202.27
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 202.27	\$ 202.27

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 237.69
Subtotal	\$ 237.69
Total Disbursements	\$ 202.27
CASH BALANCE END OF REPORT	\$ 35.42
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 100.00

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 PATTY LOGSDON	Signature of Candidate or Treasurer <i>Patty Logsdon</i>	Date: 1-15-16
	Email: BLUGSDON@FRANKLIN.WI.GOV	Daytime Phone: (414) 529-3511

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.

Complete Committee Name
FRIENDS OF PATTI LOGSDON

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
10-28-15	PATTI LOGSDON 12100 W SELMAR DRIVE FRANKLIN, WI 53132		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
12-3-15	WJ BANK 5434 S. 76TH STREET GRANDDALE, WI 53129		17.69	17.69
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# <u>BANK REIMB.</u>			
12-4-15	BLUCE L. BOLL 5370 S. BRENNAN DRIVE NEW BELLEVILLE, WI 53146		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
12-13-15	JULIE VALE W 5948 STATE HWY 144 RANDOM LAKE, WI 53075		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 237.69 237.69

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0 0

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 237.69 237.69

Complete Committee Name
FRIENDS OF PATTI LOGSDAN

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11-2-15	US BANK 5434 S. 76TH STREET GREENDALE, WI 53129 Check if: <input type="checkbox"/> In-Kind Offset	CHECKS	17.69
12-1-15	US BANK 5434 S. 76TH STREET GREENDALE, WI 53129 Check if: <input type="checkbox"/> In-Kind Offset	CHECKS	35.38
12-1-15	MERCHANT SERVICE 7300 CHAPMAN HIGHWAY KNOXVILLE, TN 37920 Check if: <input type="checkbox"/> In-Kind Offset	MONTHLY SERVICE CHARGE FEE	10.00
12-7-15	VISTA PRINT 275 WYMAN STREET WALTHAM, MA 02451 Check if: <input type="checkbox"/> In-Kind Offset	BUSINESS CARDS	19.98
12-21-15	OAK CREEK MPO 200 E. CENTENNIAL DR. OAK CREEK, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	PO BOX RENTAL FEE	68.00
12-21-15	OAK CREEK MPO 200 E. CENTENNIAL DR. OAK CREEK, WI 53154 Check if: <input type="checkbox"/> In-Kind Offset	PO BOX KEY	9.00
12-28-15	BEST BUY 460 S. 76TH STREET GREENFIELD, WI 53220 Check if: <input type="checkbox"/> In-Kind Offset	INK FOR PRINTER 8X11 COPY PAPER	42.22
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 202.27
TOTAL ITEMIZED EXPENDITURES	\$ 0
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 202.27

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
FRIENDS OF PATTI LUGSDON

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		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				
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	\$	X
TOTAL ITEMIZED OBLIGATIONS	\$	X
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$	X
TOTAL INCURRED OBLIGATIONS	\$	X

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

Complete Committee Name
FRIENDS OF PATTY LUGSDON

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
10-28-13	PATTY LUGSDON 12100 W. BELMAN DR FRANKLIN, WI 53132	0	100.00	0	100.00

List All Endorsers or Guarantors (if any)

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$ <u>100.00</u>
TOTAL OUTSTANDING LOANS	\$ <u>100.00</u>