

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2016 JAN 25 P 2:05

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Vincent Synowicz

Street Address

311 West Burnham Street

City, State and Zip Code

Milwaukee, WI 53204

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 _____ 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 | \$ 630 | \$ 630 |
| 1B. Contributions from Committees (Transfers-In) | \$ _____ | \$ _____ |
| 1C. Other Income and Commercial Loans | \$ _____ | \$ _____ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 630 | \$ 630 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 353.77 | \$ 353.77 |
| 2B. Contributions to Committees (Transfers-Out) | \$ _____ | \$ _____ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 353.77 | \$ 353.77 |

CASH SUMMARY

| | |
|---|-----------|
| Cash Balance Beginning of Report | \$ 0 |
| Total Receipts | \$ 630 |
| Subtotal | \$ 630 |
| Total Disbursements | \$ 353.77 |
| CASH BALANCE END OF REPORT | \$ 276.23 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ _____ |
| LOANS (Balance at the Close of This Period-3B) | \$ _____ |

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

Vincent Synowicz

Signature of Candidate or Treasurer

[Signature]
Email vincentsynowicz@yahoo.com Daytime Phone _____

Date January 21, 2016

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 _____

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 |
|----------|--|---|--------|-----------------------------|
| 08/17/15 | Vincent Synowicz 311 West Burnham St MKE, WI 53204 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | Admin Asst. The Gund Company 6360 N. 60th St. MKE, WI 53218 Conduit Name: MKE, WI 53218 | \$200 | \$200 |
| 08/22/15 | Vincent Synowicz 311 West Burnham MKE, WI 53204 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | Admin Asst. The Gund Company 6360 N. 60th St. MKE, WI 53218 Conduit Name: MKE, WI 53218 | \$200 | \$400 |
| 8/30/15 | Robert Spindell 1626 N. Prospect Ave. MKE, WI 53202 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | Business Broker Spindell Group 1626 N. Prospect Ave. MKE, WI 53202 Conduit Name: _____ | \$100 | \$100 |
| 8/30/15 | Bryn Biemeck 2412 Prospect St. Racine, WI 53404 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | _____ _____ _____ Conduit Name: _____ | \$30 | \$30 |
| 8/31/15 | Michael Schuknecht 5601 W. Leroy Ave. Milwaukee, WI 53220 Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | Machinist Master Lock 2600 N. 32nd Street MKE, WI 53210 Conduit Name: MKE, WI 53210 | \$100 | \$100 |
| / / | _____ _____ _____ Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | _____ _____ _____ Conduit Name: _____ | | |
| / / | _____ _____ _____ Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | _____ _____ _____ Conduit Name: _____ | | |
| / / | _____ _____ _____ Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit | _____ _____ _____ Conduit Name: _____ | | |

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$630

TOTAL ITEMIZED CONTRIBUTIONS

\$ —

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ —

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$630

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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

| Date / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
|-------------|---|--------|-----------------------------|
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, 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-In) THIS PAGE

\$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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 |
|-------------|---|----------------|--------|
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| SUBTOTAL OTHER INCOME THIS PAGE | \$ |
| TOTAL ITEMIZED OTHER INCOME | \$ |
| TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS | \$ |
| TOTAL OTHER INCOME | \$ |

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

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 |
|----------|--|------------------------------------|----------|
| 8/20/15 | T-Shirt City 5300 S. 76 th Street Greendale, WI 53129 Check if <input type="checkbox"/> In-kind Offset | Campaign Clothing (T-Shirts) | \$116.16 |
| 8/21/15 | Union Copy Centers, Inc. 3060 S. 43 rd Street Milwaukee, WI 53219 Check if <input type="checkbox"/> In-kind Offset | Literature (500 Business Cards) | \$87.01 |
| 8/21/15 | U.S. Bank 4015 S. Howell Avenue Milwaukee, WI 53207 Check if <input type="checkbox"/> In-kind Offset | Banking Fee | \$36.00 |
| 8/29/15 | Union Copy Centers, Inc. 3060 S. 43 rd Street MIKE, WI 53219 Check if <input type="checkbox"/> In-kind Offset | Literature (400 Donation Cards) | \$105.60 |
| 10/15/15 | U.S. Bank 4015 S. Howell Ave. Milwaukee, WI 53207 Check if <input type="checkbox"/> In-kind Offset | Analysis Service Charge | \$3.00 |
| 11/16/15 | U.S. Bank 4015 S. Howell Ave. Milwaukee, WI 53207 Check if <input type="checkbox"/> In-kind Offset | Analysis Service Charge | \$3.00 |
| 12/14/15 | U.S. Bank 4015 S. Howell Ave. Milwaukee, WI 53207 Check if <input type="checkbox"/> In-kind Offset | Analysis Service Charge | \$3.00 |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if <input type="checkbox"/> In-kind Offset | Specific Purpose of Expenditure | Amount |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if <input type="checkbox"/> In-kind Offset | Specific Purpose of Expenditure | Amount |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 353.77

TOTAL ITEMIZED EXPENDITURES

\$ _____

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ _____

TOTAL EXPENDITURES

\$ 353.77

SCHEDULE 2-B

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

Complete Committee Name

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

| Date | Full Name, Mailing Address and Zip Code | Amount | Calendar Year To-Date Total |
|--|--|--------|-----------------------------|
| / / | 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 | | |
| / / | 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-Out) THIS PAGE | | \$ | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$ | |

SCHEDULE 3-A

ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Complete Contract Name

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

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name _____

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

| 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 |
|--|--|-----------------------|---------------------------------|--|
| Date / / | | | | |

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 \$ |

| 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 |
|--|--|-----------------------|---------------------------------|--|
| Date / / | | | | |

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 \$ |

| 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 |
|--|--|-----------------------|---------------------------------|--|
| Date / / | | | | |

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 \$ _____

TOTAL OUTSTANDING LOANS \$ _____