	FINANCE REPORT TTEES OF WISCOM					
		IDILI	MII	WAUKEE COUNTY		
Is This Report an Amendment:			ELE	CTION COMMISSION		
Instructions for completing schedules are on the back	of each schedule.					
COMMITTEE IDENTIFICATION			7010	DEC 20 P 3: 35		
Name of Committee Friends of John La Fave Street Address			RECEIVED			
1861 No4611	5/0					
City, State and Zip Code BROWN DEER	WI 530	223		l care \Box		
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 2017 Pre-Primary	Spring I	Fall [5	Special	Termination Report		
SUMMARY OF RECEIPTS AND	Column A	Colur	nn B			
DISBURSEMENTS	This Period	Column B Calendar				
1. RECEIPTS		Year-To-Date				
1A. Contributions (Including Loans) from Individuals	\$	\$				
1B. Contributions from Committees (Transfers-In)	\$	\$				
1C. Other Income and Commercial Loans	\$	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$				
2. DISBURSEMENTS						
2A. Gross Expenditures	\$ 15.00	\$ 15).	51426			
2B. Contributions to Committees (Transfers-Out)	\$ 50000	\$ 31	50,00			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 5 15.00	\$ 18,6	64,24			
CASH SUMMARY						
Cash Balance Beginning of Report	\$ 1,744.87					
Total Receipts	\$					
Subtotal	\$ 1,744,87	4				
Total Disbursements	\$ 15 500	1				
CASH BALANCE END OF REPORT	\$ 1229.87	-				
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

Signature of Candidate or Treasurer

Date: 12/20/6

Email

Daytime Phone: 4/4-278-44

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0504, 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.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

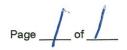
DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name Instructions for completing schedules are on the back of each schedule. Amount Specific Purpose of Expenditure Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: In-Kind Offset 00 SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE 00 TOTAL ITEMIZED EXPENDITURES TOTAL UNITEMIZED EXPENDITURES TOTAL EXPENDITURES



DISBURSEMENTS Contributions To Committees (Transfers-Out)



Friends of John Latak

Instructions for completing schedules are on the back of each schedule.						
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total			
1#/1/16	Russ for Wisconsin P.O. Box G2006) Check if: In-Kind I Loan Middleton WI 53562	\$500	\$500			
	Check if: In-Kind L Loan					
	Check if: Li In-Kind Li Loan					
		-				
	Check if:					
	Check if:					
	Check if:					
	Check if:					
	Check if: LI In-Kind LI Loan					
	Check if: I In-Kind L Loan					
Lancar version and a second desired and a second de	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	,500	500			
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 500	500			