

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule. 2017 JUN 27 P 1:09

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF PATTI 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 2017 Pre-Primary Spring Fall Special
SEPTEMBER
 July Continuing 2016 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	\$ 0	\$ 12422.00
1B. Contributions from Committees (Transfers-In)	\$ 160.00	\$ 560.00
1C. Other Income and Commercial Loans	\$ 90.00	\$ 107.69
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 250.00	\$ 13089.69

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 190.00	\$ 11887.23
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 190.00	\$ 11887.23

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1142.46
Total Receipts	\$ 250.00
Subtotal	\$ 1392.46
Total Disbursements	\$ 190.00
CASH BALANCE END OF REPORT	\$ 1202.46
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 8100.00

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 PATTI LOGSDON	Signature of Candidate or Treasurer BLOGSDON@WI.RR.COM	Date:
	Email	Daytime Phone: 414-529-9519

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

FRIENDS OF PATTI LOGSDON

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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
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/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
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/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	<u>X</u>
TOTAL ITEMIZED CONTRIBUTIONS	\$	<u>X</u>
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	<u>X</u>
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	<u>X</u>

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF PATTI LOESDOW

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
9/22/16	RPL - 4TH CONGRESSIONAL DISTRICT 1639 N. PROSPECT AVE. RT. 17A MILWAUKEE WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	160.00	360.00
/ /	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 \$ 160.00

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ 160.00

Complete Committee Name
FRIENDS OF PATTI LOGSDON

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Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
10.12.16	MERCHANT SERVICES 7300 CHRISTMAN HWY. KNOXVILLE TN 37920	REVERSAL OF MONTHLY SERVICE FEE	90.00
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SUBTOTAL OTHER INCOME THIS PAGE	\$	90.00
TOTAL ITEMIZED OTHER INCOME	\$	90.00
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$	0
TOTAL OTHER INCOME	\$	90.00

Complete Committee Name
FRIENDS OF PATTI LOESDON

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
7.1.16	MERCHANT SERVICES 7300 CHAPMAN HWY KNOXVILLE TN 37920 Check if: <input type="checkbox"/> In-Kind Offset	MT HLY SERV. FEE	40.00
8.1.16	MERCHANT SERVICES 7300 CHAPMAN HWY KNOXVILLE TN 37920 Check if: <input type="checkbox"/> In-Kind Offset	MT HLY SERVICE FEE	40.00
9.1.16	MERCHANT SERVICE 7300 CHAPMAN HWY KNOXVILLE TN 37920 Check if: <input type="checkbox"/> In-Kind Offset	MT HLY SERVICE FEE	40.00
10.3.16	MERCHANT SERVICES 7300 CHAPMAN HWY KNOXVILLE TN 37920 Check if: <input type="checkbox"/> In-Kind Offset	MT HLY SERVICE FEE	10.00
10.17.16	U S BANK PO BOX 1800 ST PAUL MN 55101 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	20.00
11.15.16	U S BANK PO BOX 1800 ST. PAUL MN 55101 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	20.00
12.14.16	U S BANK PO BOX 1800 ST. PAUL MN 55101 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	20.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 190.00

TOTAL ITEMIZED EXPENDITURES \$ 190.00

TOTAL UNITEMIZED EXPENDITURES ~~\$200.00~~ LESS \$ 10.00

TOTAL EXPENDITURES \$ 190.00

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

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 Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
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	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ X

TOTAL ITEMIZED EXPENDITURES

\$ X

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ X

TOTAL EXPENDITURES

\$ X

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

Complete Committee Name: FRIENDS OF PATTI LOESDON

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
12/31/16	PATTI LOESDON 12100 W. BELMAR DRIVE FRANKLIN WI 53132	8,100.00	X	X	8,100.00

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>8,100.00</u>
TOTAL OUTSTANDING LOANS	\$ <u>8,100.00</u>