

**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.

COMMITTEE IDENTIFICATION

2017 JUN 35 P 2:25

Name of Committee

FRIENDS OF CHARLIE FOX

Street Address

2920 W MCKINLEY BLVD

City, State and Zip Code

MILWAUKEE WI 53208

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 Pre-Primary
 July Continuing 2017 Spring Fall Special
 September Continuing Pre-Election Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals \$ 463.00 \$ 463.00

1B. Contributions from Committees (Transfers-In) \$ 0 \$ 0

1C. Other Income and Commercial Loans \$ 0 \$ 0

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) \$ 463.00 \$ 463.00

2. DISBURSEMENTS

2A. Gross Expenditures \$ 600.00 \$ 600.00

2B. Contributions to Committees (Transfers-Out) \$ 0 \$ 0

TOTAL DISBURSEMENTS (Add totals from 2A and 2B) \$ 600.00 \$ 600.00

CASH SUMMARY

Cash Balance Beginning of Report \$ 137.00

Total Receipts \$ 463.00

Subtotal \$ 600.00

Total Disbursements \$ 600.00

CASH BALANCE END OF REPORT \$ 0

INCURRED OBLIGATIONS
(Balance at the Close of This Period-3A) \$ 0

LOANS (Balance at the Close of This Period-3B) \$ 0

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

Joyce Ann Seiser

Signature of Candidate or Treasurer

Joyce A Seiser

Date: 6/30/2017

Email jaseiser@aol.com

Daytime Phone: 933-6187

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 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
3/27/2017	CHARLES FOX - 2920 W MCKINLEY MILL W WI 53208	CANDIDATE	\$463.-	\$463.-
	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# _____			
	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	\$ 463.-	463.-
TOTAL ITEMIZED CONTRIBUTIONS	\$ 463.-	463.-
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 463.-	463.-

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
3/27/ 2017	THIRD SECTOR CREATIVE 2310 N. 68 WAUWATOSA WIS 53213 Check if: <input type="checkbox"/> In-Kind Offset	MARKETING CONSULTANT	\$600.-
	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		
	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		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 600
TOTAL ITEMIZED EXPENDITURES			\$ 600
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 600

Complete Committee Name

FRIENDS OF CHARLIE FOX

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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
<i>/ /</i>	<i>THIRD SECTOR CREATIVE</i>	<i>\$600.-</i>	<i>0</i>	<i>\$600.-</i>	<i>0</i>
		Nature of Debt (Purpose) <i>MARKETING CONSULTANT</i>			
<i>/ /</i>					
		Nature of Debt (Purpose)			
<i>/ /</i>					
		Nature of Debt (Purpose)			
<i>/ /</i>					
		Nature of Debt (Purpose)			
<i>/ /</i>					
		Nature of Debt (Purpose)			
<i>/ /</i>					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ *600.-*

TOTAL ITEMIZED OBLIGATIONS \$ *600.-*

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$ *0*

TOTAL INCURRED OBLIGATIONS \$ *0*

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

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 Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /	<u>CHARLES FOX</u>	<u>\$3200</u>	<u>0</u>	<u>FORGIVEN</u>	<u>0</u>

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 \$ 0

TOTAL OUTSTANDING LOANS \$ 0

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
FRIENDS OF CHARLIE FOX

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
	<i>none</i>	

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount
<i>6/30/2017</i>	<i>Charles E. Fox</i>	<i>\$3200.-</i>

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Joyce A. Seiser
Signature of Candidate or Treasurer

6/30/2017
Date