CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2017 JUN 35 P 2:21
RECEIVED

Is This Report an Amendment: ☐ Yes ☒ No

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

COMMITTEE IDENTIFICATION

Name of Committee: Friends of John La Fave

Street Address: 7861 N. 46th St

City, State and Zip Code: Brown Deer WI 53223

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 _____
☒ July Continuing 2017
☐ September Continuing _____
☐ Pre-Primary _____
☐ 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	$ 5.00	$ 5.00
1B. Contributions from Committees (Transfers-In)	$ —	$ —
1C. Other Income and Commercial Loans	$ —	$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 5.00	$ 5.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$	$
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$	$

CASH SUMMARY	
Cash Balance Beginning of Report	$ 1229.87
Total Receipts	$ 5.00
Subtotal	$ 1234.87
Total Disbursements	$ 1404.00
CASH BALANCE END OF REPORT	$ 0.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —
LOANS (Balance at the Close of This Period-3B)	$ —

MILWAUKEE COUNTY ELECTION COMMISSION
2017 JUL -5 P 2:20
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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: JOHN LA FAVE

Signature of Candidate or Treasurer: John La Fave

Date: 7/5/17

Email: jlafave1@gmail.com

Daytime Phone: 278-4011

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.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of John LaFave

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
5/10/17	John LaFave 7861 N. 46th St Brown Deer WI 53223 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		5.00	5.00
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 5.00	5.00
TOTAL ITEMIZED CONTRIBUTIONS	$ 5.00	5.00
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 5.00	5.00

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Friends of John LaFave

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
1/12/17	BMO Harris Bank P.O. Box 94033 Palatine IL 60094 Check if: ☐ In-Kind Offset	Account analysis service charge	$5.00
2/20/17	Check if: ☐ In-Kind Offset		5.00
3/13/17	Check if: ☐ In-Kind Offset		5.00
4/12/17	Check if: ☐ In-Kind Offset		5.00
5/10/17	Check if: ☐ In-Kind Offset		5.00
5/4/17	Brahmananda Saraswati Foundation P.O. Box 2316 Fairfield IA 52556 Check if: ☐ In-Kind Offset	Disposal of residual funds to tax EXEMPT organization	$1,000.00
5/11/17	Check if: ☐ In-Kind Offset		$379.00
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 1404.04
TOTAL ITEMIZED EXPENDITURES	$ 1404.04
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 1404.04

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
Friends of John LaFave

- 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
5/4/17	Brahmananda Saraswati Foundation	$1,000.00
5/11/17	" " "	$379.00

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
—	—	—

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.

John LaFave
Signature of Candidate or Treasurer

Date 7/5/17