

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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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 DAN SEBRING

Street Address

6005 W. HOWARD AVE

City, State and Zip Code

MILWAUKEE, WI. 53220

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 2017/1/17 Spring Fall Special Termination Report
 September Continuing TO 10/20/17 Pre-Election _____ 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	\$ 150.00	\$ 150.00
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)	\$ 150.00	\$ 150.00

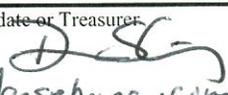
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 10.00	\$ 10.00
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 10.00	\$ 10.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 369.60
Total Receipts	\$ 150.00
Subtotal	\$ 519.60
Total Disbursements	\$ 10.00
CASH BALANCE END OF REPORT	\$ 509.60
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 DAN SEBRING	Signature of Candidate or Treasurer 	Date: <u>10/29/18</u>
	Email <u>dan@dansenbring.com</u>	Daytime Phone: <u>414-397-9577</u>

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 DAN SEBINK

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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
5/24/11	TIM FELSKI 6183 W. HOWARD AVE UNIT 11 MILWAUKEE WI. 53020	METS OPERATOR	150.00	150.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" 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# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 150.00	150.00
TOTAL ITEMIZED CONTRIBUTIONS			\$ 150.00	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 150.00	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF DAN SEBRINIA

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5/1/17	PNC BANK Check if: <input type="checkbox"/> In-Kind Offset	SVC CHARGE	\$ 5.00
6/1/17	PNC BANK Check if: <input type="checkbox"/> In-Kind Offset	SVC CHARGE	\$ 5.00
	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	\$ 10.00
TOTAL ITEMIZED EXPENDITURES	\$ 10.00
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 10.00