

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2017 JUL 14 P 1:29

RECEIVED *JK*

OFFICE USE ONLY

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 F. Weishan Jr.

Street Address
2605 So. 82nd Street

City, State and Zip Code
West Allis, WI. 53219

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 _____ Spring _____ Fall _____ Special _____
 July Continuing 17 Pre-Election _____ Spring _____ Fall _____ Special _____

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	\$ 100.00	\$ 100.00
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)	\$ 100.00	\$ 100.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 200.00	\$ 200.00
2B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$ 50.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 250.00	\$ 250.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 943.05
Total Receipts	\$ 100.00
Subtotal	\$ 1,043.05
Total Disbursements	\$ 250.00
CASH BALANCE END OF REPORT	\$ 793.05
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -
LOANS (Balance at the Close of This Period-3B)	\$ 5,937.67

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 <i>John F. Weishan Jr.</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>7/14/2017</i>
		Daytime Phone: <i>(414) 278-4285</i>

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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name
FRIENDS of JOHN F. WEISHAN JR.

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
2/25/17	GARY R. Goyke 130 Lakewood Blvd. MADISON, WI. 53704		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 100.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 100.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ - 0 -
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 100.00

Complete Committee Name
FRIENDS OF JOHN F. WEISHAN JR.

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
3/17/17	JOHN F. WEISHAN JR. 2605 SO. 82ND ST. WESTALL, WI. 53219 Check if: <input type="checkbox"/> In-Kind Offset	LOAN REPAYMENT.	100.00
6/15/17	JOHN F. WEISHAN JR. 2605 SO. 82ND ST. WESTALL, WI. 53219 Check if: <input type="checkbox"/> In-Kind Offset	LOAN REPAYMENT.	100.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 200.00
TOTAL ITEMIZED EXPENDITURES			\$ 200.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ - 0 -
TOTAL EXPENDITURES			\$ 200.00

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of John F. Weishan Jr.

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
<i>3/22/17</i>	<i>Friends of Diane Narlock</i> <i>1034 S. 89th Street</i> <i>West Allis, WI. 53214</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<i>50.00</i>	<i>50.00</i>
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name, 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-Out) THIS PAGE		\$ <i>50.00</i>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <i>50.00</i>	

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS OF JOHN F. WEISHAN JR.

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /	<i>John F. WEISHAN JR. 2605 So. 82nd St. West Allis, WI. 53219</i>	<i>6,137.67</i>	<i>-0-</i>	<i>200.00</i>	<i>5,937.67</i>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ *5,937.67*

TOTAL OUTSTANDING LOANS \$ *5,937.67*