

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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 PATTI LOGSDON

Street Address

12100 W. BELMAR DRIVE

City, State and Zip Code

FRANKLIN WI 53132

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 1/1 Pre-Primary _____ Spring Fall Special
 July Continuing _____ 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)	\$ 370.00	\$ 370.00
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 470.00	\$ 470.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 680.20	\$ 750.20
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 680.20	\$ 750.20

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,132.46
Total Receipts	\$ 470.00
Subtotal	\$ 1,602.46
Total Disbursements	\$ 680.20
CASH BALANCE END OF REPORT	\$ 922.26
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

WISCONSIN RECEIVED 180116 AM 10:58

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 <i>Patti Logsdon</i>	Date: 1-14-18
	Email: BLOGSDON@WI.RR.COM	Daytime Phone: 414-529-3519

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 LAGSDON

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
11,29,17	JAMES L. MC FARLAND 1699 N. PROSPECT AVE UNIT 17A MILWAUKEE, WI 53202		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)	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: _____		
	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

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

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
9.25.17	OFFICE MAX 10301 W. CLEVELAND WEST ALLIS WI 53214 Check if: <input type="checkbox"/> In-Kind Offset	OFFICE SUPPLIES	51.11
9.25.17	JOHNNY 11931 W. JAMESVILLE RD HALES CORNERS WI Check if: <input type="checkbox"/> In-Kind Offset	GASOLINE	48.00
11.24.17	VICT ENTZELL 4111 S. 108TH ST HALES CORNERS WI Check if: <input type="checkbox"/> In-Kind Offset	BUSINESS PHOTO	40.00
12.18.17	FRONT ROOM PHOTOGRAPHY 2637 S. KINNICKINNIE AVE. BAY VIEW, WI Check if: <input type="checkbox"/> In-Kind Offset	BUSINESS PHOTO	475.20
12.7.17	DELUXE BUSINESS SYSTEM 455 BANK 300 BOX 1800 ST PAUL MN 55101 Check if: <input type="checkbox"/> In-Kind Offset	CHECKS	35.89
/ /	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 \$ 650.20

TOTAL ITEMIZED EXPENDITURES \$ 650.20

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 30.00

TOTAL EXPENDITURES \$ 680.20

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
FRIENDS OF PATTI LOGSDON

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
Nature of Debt (Purpose)					

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 0

TOTAL ITEMIZED OBLIGATIONS \$ 0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$ 0

TOTAL INCURRED OBLIGATIONS \$ 0

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

Complete Committee Name
FRIENDS OF PATTY LOGSDON

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
12/9/17	PATTY LOGSDON 12100 W. SELMAR DR FRANKLIN, WI 53132	\$100,000	X	X	\$100,000

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 \$ 100,000
TOTAL OUTSTANDING LOANS \$ 100,000