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CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is this report an Amendment? YES **NO**

COMMITTEE IDENTIFICATION		
Name of Committee	Friends of Chris Moews	
Address	5027 W North Ave	OFFICE USE ONLY
City, State, ZIP	Milwaukee, WI 53208	**WSEB # ID**

Please check if address is different than previously reported ____

NAME OF REPORT	**XX Jan 2018 Continuing**	Pre-Primary 20__	Spring	**Fall**	Special
(Please circle)	July 20__ Continuing	Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	**Column A**	**Column B**	**Audited Totals**	
1. RECEIPTS	**This Period**	**YTD**	**Office Use Only**	
A. Contributions including Loans from Individuals	$ -			
B. Contributions from Committees (Transfers-In)	$ -			
C. Other Income and Commercial Loans				
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ -	$ -		
1. DISBURSEMENTS				
A. Gross Expenditures	$ -			
B. Contributions to Committees (Transfers-Out)	$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ -	$ -		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 3,335.74			
Total Receipts	$ -			
Subtotal	$ 3,335.74			
Total Disbursements	$ -			
CASH BALANCE AT END OF REPORT	$ 3,335.74			
INCURRED OBLIGATIONS (at close of period)	$ 12,494.83			
LOANS (at close of period)	$ -			

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	Signature of Candidate or Treasurer	Date 1-16-18
Chris Moews		Daytime Phone 414-344-1733

NOTE: The information on this form is required by ss. 11.06, 11.20, Wisconsin. Stats.

Failure to provide this information may subject you to the penalties os 11.60, 11.62, Wisconsin. Stas.