

**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 John F. Weishan Jr.

Street Address

2605 SO. 82nd STREET

City, State and Zip Code

WEST Allis, WI. 53219

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 _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- 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	\$ <i>865.00</i>	\$ <i>965.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>-0-</i>	\$ <i>-0-</i>
1C. Other Income and Commercial Loans	\$ <i>-0-</i>	\$ <i>-0-</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>865.00</i>	\$ <i>965.00</i>
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <i>250.00</i>	\$ <i>450.00</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>-0-</i>	\$ <i>50.00</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>250.00</i>	\$ <i>500.00</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>793.05</i>
Total Receipts	\$ <i>865.00</i>
Subtotal	\$ <i>1,658.05</i>
Total Disbursements	\$ <i>250.00</i>
CASH BALANCE END OF REPORT	\$ <i>1,408.05</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>-0-</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>5,937.67</i>

REC'D 1/18/16 PM 02:29

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 	Date: <i>1-15-18</i> <i>(414) 278-4255</i>
	Email	Daytime Phone:

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 John F. Weishan Jr.

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
12/4/17	DAVID M. DELFIORE 3590 S. 44 th ST. GREENFIELD, WI. 53220		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	KATHLEEN A. DELFIORE 3590 So. 44 th ST GREENFIELD, WI. 53220		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	PETER A. RICKMAN 3702 20 th PL. MILWAUKEE, WI. 53221		35.00	35.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	MARGARET GIBBS-ZAUTKE 3162 S. 42 nd ST. MILWAUKEE, WI. 53215		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	KAREN M. ORDINANS 10300 W. SPRING GREEN RD. GREENFIELD, WI. 53228	CHILDREN'S HEALTH ALLIANCE of WISCONSIN 6737 W. WASHINGTON ST SUITE 111 WESTALLIS, WI. 53214 (EXECUTIVE DIRECTOR)	300.00	300.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	KIM A. JACOB W1318 COUNTY RD. O OCONOMOWOC, WI. 53066		75.00	75.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
12/4/17	JAMES WEISHAN 6313 PARKVIEW RD. GREENDALE, WI. 53129		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 660.00 660.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 865.00 865.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ -0- -0-

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 865.00 865.00

Complete Committee Name

Friends of John F. Weishan Jr.

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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
12/4/17	KATHLEEN MIEZIO 2357 So. 54th ST WESTALLIS, WI. 53219 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		100.00	100.00
12/4/17	KEVIN SCHOOF'S 3675 S. RIVERSHIRE DR. GREENFIELD, WI. 53228 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		30.00	30.00
12/4/17	DAVID EISNER 10621 W. LINCOLN AVE. WESTALLIS, WI. 53227 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		25.00	25.00
12/4/17	KRISTI FILBERT 1221 SARATOGA PARKWAY OCONOMOWOC, WI 53066 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		50.00	50.00
	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

\$ 205.00 205.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 865.00 865.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ -0 - -0 -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 865.00 865.00

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

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
11/17/17	UNITED STATES POST OFFICE 7440 W. GREENFIELD AVE. WEST ALLIS, WI. 53214 Check if: <input type="checkbox"/> In-Kind Offset	Postage (STAMPS)	24.50
12/2/17	OFFICE DEPOT / OFFICE MAX 10707 W. CLEVELAND AVE. WEST ALLIS, WI. 53227 Check if: <input type="checkbox"/> In-Kind Offset	office supplies (paper)	29.56
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 54.06
TOTAL ITEMIZED EXPENDITURES			\$ 54.06
TOTAL UNITEMIZED EXPENDITURES			\$ 195.94
TOTAL EXPENDITURES			\$ 250.00

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

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 Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /	<i>JOHN F. WEISHAN JR. 2605 SO. 82nd ST. (Candidate) WEST ALLIS, WI. 53219</i>	<i>5,937.67</i>	<i>- 0 -</i>	<i>- 0 -</i>	<i>5,937.67</i>

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 \$ *5,937.67*
TOTAL OUTSTANDING LOANS \$ *5,937.67*