

REC'D 11/14 PM 12:57

**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 Peggy West

Street Address

2517 W Greenfield Ave.

City, State and Zip Code

Milwaukee WI 53204

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 2018 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

\$ 1912.00

\$ 1912.00

1B. Contributions from Committees (Transfers-In)

\$

\$

1C. Other Income and Commercial Loans

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 1740.23

\$ 1740.23

2B. Contributions to Committees (Transfers-Out)

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ 875.09

Total Receipts

\$ 1912.00

Subtotal

\$ 2787.09

Total Disbursements

\$ 1740.23

CASH BALANCE END OF REPORT

\$ 1046.86

INCURRED OBLIGATIONS

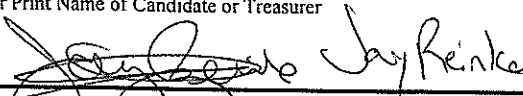
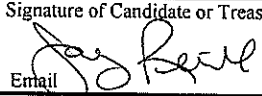
(Balance at the Close of This Period-3A)

\$

LOANS (Balance at the Close of This Period-3B)

\$

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: 11-12-19
		414-771-2020
	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 Peggy West

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
10/6/17	Jay Feink 2512 W Occenfield Av. Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Printed Envelopes	132 ⁰⁰	132 ⁰⁰
11/8/17	Ramon Orozco 1332 W. Lincoln Milwaukee WI 53215 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Food	150 ⁰⁰	150 ⁰⁰
12/6/17	Marco Gamba 3710 W Lincoln Av Milwaukee WI 53215 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Food	150 ⁰⁰	150 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#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 432	432
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	