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
South Shore for Shea

Street Address
3666 East Armour Avenue

City, State and Zip Code
Cudahy WI 53110

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 2019   ☐ Spring   ☐ Fall   ☐ Special   ☐ Termination Report
☐ September Continuing _____   ☐ Pre-Election _____   *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	$ 426.94	$ 426.94	
1B. Contributions from Committees (Transfers-In)	$	$	
1C. Other Income and Commercial Loans	$	$	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 426.94	$ 426.94	
2. DISBURSEMENTS			
2A. Gross Expenditures	$ 19.62	$ 19.62	
2B. Contributions to Committees (Transfers-Out)	$	$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$	$	

CASH SUMMARY

Cash Balance Beginning of Report	$ 3,420.59
Total Receipts	$ 426.94
Subtotal	$ 3,847.53
Total Disbursements	$ 19.62
CASH BALANCE END OF REPORT	$ 3,827.91
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$
LOANS (Balance at the Close of This Period-3B)	$ 4,497

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: 7/14/19
Laura Kukor-Shea	*Laura Kukor-Shea*	Email oceanbreeze_lks@yahoo.com Daytime Phone: 414 481 7676

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.

ETHCF-2L (Rev. 01/16)   The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

Complete Committee Name

South Shore for Shea

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
2/19/19	Steven Shea 3666 E. Armour Ave Cudahy WI 53110 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		16.94	
2/19/19	Jill Ferguson 1343 S. 114th West Allis WI 53214 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		20	
2/19/19	Jerry A. Hills 10310 W. Montana #12 West Allis WI 53227 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		20	
2/19/19	James Davies 3723 S. Chicago Ave #9 South Milwaukee WI 53172 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		20	
2/19/19	Damian Buchman 611 N 66th St Wauwatosa WI 53213 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		50	
2/19/19	Rita M. Flores Wiskowski 3405 Russett Lane South Milwaukee WI 53172 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		50	
2/19/19	Sam L. Orlich 3716 S. Alabama Ave Milwaukee WI 53207 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		100	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$	276.94
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

Complete Committee Name

South Shore for Shea

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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
2/19/19	Donald K. Bulley 637 Edgewood Ave South Milwaukee WI 53172 Check if: ☑ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		100	
2/28/19	Susan Ruggles 5779 N. Bel Aire Dr. Glendale WI 53209 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		25	
2/28/19	Dale Pautzke 3941 E. Van Norman Cudahy WI 53110 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____		25	
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 150	
TOTAL ITEMIZED CONTRIBUTIONS	$ 426.94	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 426.94	426.94

Complete Committee Name
South Shore for Shea

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES	$ 19.62
TOTAL EXPENDITURES	$ 19.62

Complete Committee Name
South Shore for Shea

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
/ /	Steven Shea 3666 East Armour Avenue Cudahy WI 53110	4,497	0	0	4,497

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 $ 4,497

TOTAL OUTSTANDING LOANS $ 4,497