

CEC 11/20/19 11:14 AM 1257

**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  
*2512 W Greenfield Ave*

City, State and Zip Code  
*Milwaukee WI 53207*

**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

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
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ <i>0</i>	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ <i>92.60</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>92.60</i>
Total Receipts	\$ <i>—</i>
Subtotal	\$ <i>92.60</i>
Total Disbursements	\$ <i>92.60</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>0</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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 <i>Jay Keinko</i>	Signature of Candidate or Treasurer <i>Jay Keinko</i>	Date: <i>11/12/19</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.

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

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 Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/31	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
1/31	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
2/28	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
4/30	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
5/31	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
6/30	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
7/31	US Bank PO Box 1800 St Paul, MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$
8/31	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	\$

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 40

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name \_\_\_\_\_

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
9/30	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	5
10/31	US Bank PO Box 1800 St Paul MN Check if: <input type="checkbox"/> In-Kind Offset	Fee	5
11/12	Peggy West Check if: <input type="checkbox"/> In-Kind Offset	Returned	42.00
	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 \$ 52.00

TOTAL ITEMIZED EXPENDITURES \$ 40.00

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 92.00

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
*Friends of Peggy West*

Office Use Only

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

**DISPOSAL OF RESIDUAL FUNDS**  
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Date	Recipient	Amount
<i>11-12-19</i>	<i>Peggy West</i>	<i>42.60</i>

**LOAN OR DEBT FORGIVENESS**  
 I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.

*[Signature]*  
 Signature of Candidate or Treasurer

*11-12-19*  
 Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

**NOTE:** The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.