

**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 KAROL

Street Address

719 S 92 ST

City, State and Zip Code

WEST ALLIS WI 53214

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	\$ 850.00	\$ 850.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 850.00	\$ 850.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 10.00	\$ 10.00
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 10.00	\$ 10.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 850.00
Subtotal	\$ 850.00
Total Disbursements	\$ 10.00
CASH BALANCE END OF REPORT	\$ 840.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 800.00

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:
VIVIANNE KAROL	Vivienne Karol	1/8/20
	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.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF JOHN KAROL

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
12-12-19	JOHN KAROL 7199 9257 WEST ALVIS LANE 53214	RETIRED	800.00	800.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
12-27-19	JULIE MARSO 8716 S AVIAN WAY FRANKLIN WI 53132	RETIRED	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# _____			
	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	\$ 850.00	850.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 850.00	850.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 850.00	850.00

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF JOHN KAROL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ <u>0</u>
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u>0</u>

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF JAY KADZI

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
12-16-19	CHASE BANK 7606 W MORGAN AVE MILW WI 53220 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEES	\$ 10.00
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 10.00
TOTAL ITEMIZED EXPENDITURES			\$ 10.00
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 10.00

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF JOHN KAROL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 0	0
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 0	0

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name

FRIENDS OF JOHN KAROL

Instructions for completing schedules are on the back of each schedule

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
				\$	0
		TOTAL ITEMIZED OBLIGATIONS			
				\$	0
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			
				\$	0
		TOTAL INCURRED OBLIGATIONS			
				\$	0

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

Complete Committee Name
FRIENDS OF JOHN KAROL

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
12/12/19	JOHN KAROL 719 S 925 ST WEST ALLIS WI 53214	0	800.00	0	800.00

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	\$ 800.00
TOTAL OUTSTANDING LOANS	\$ 800.00