

**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 2020                     Pre-Primary \_\_\_\_\_                     Spring                     Fall                     Special                     Termination Report  
 July Continuing \_\_\_\_\_                     Pre-Election \_\_\_\_\_                    also complete Schedule 4  
 September Continuing \_\_\_\_\_

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 275.04	\$ 701.98
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 275.04	\$ 701.98

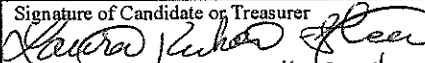
**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 552.56	\$ 572.18
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 552.56	\$ 572.18

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 3,827.91
Total Receipts	\$ 275.04
Subtotal	\$ 4,102.95
Total Disbursements	\$ 552.56
<b>CASH BALANCE END OF REPORT</b>	\$ 3,550.39
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 4,497.00

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: 01/13/2020
Laura Kukor-Shea	 Email oceanbreeze_1ks@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.

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
7/01/19	Steven Shea 3666 East Armour Ave. Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		26.40	43.34
7/02/19	Steven Shea 3666 East Armour Ave. Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		26.40	69.74
8/30/19	Steven shea 3666 East Armour Ave Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		42.24	111.98
9/17/19	David Weingrod 2815 E. Oklahoma Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25.00	
9/17/19	Zachary Wisniewski 3639 E. Hammond Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		20.00	
9/18/19	Dale Pautzke 3941 East Van Norman Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25.00	50.00
9/28/19	Michele Gostowicz 2126 S. 5 <sup>th</sup> Place Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		20.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 185.04

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
10/10/19	Israel Ramon 1815 West Grange Milwaukee WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		50.00	
12/6/19	Steven Shea 3666 East Armour Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		40.00	151.98
	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	\$ 90.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 275.04
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 275.04

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

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 Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/10/19	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	26.40
7/02/19	Pick N Save 250 W. Holt Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	26.40
7/22/19	Cudahy Post office 5656 S. Packard Suite 200 Cudahy WI 53110 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	20.90
8/30/19	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	42.24
10/10/19	Democratic Party of WI 15 N. Pinckney St. Suite 200 Madison WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	VAN information	260.72
11/25/19	City of St. Francis 3400 E. Howard Ave. St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Christmas Parade	100.00
12/06/19	Pick N Save 4698 S. Whitnall St. Francis WI 53235 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	31.57
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 508.23

TOTAL ITEMIZED EXPENDITURES \$ 508.23

TOTAL UNITEMIZED EXPENDITURES \$ 44.33

TOTAL EXPENDITURES \$ 552.56

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

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
/ /	<u>Steven Shea 3666 East Armour Ave Cudahy WI 53110</u>	<u>4,497</u>	<u>0</u>	<u>0</u>	<u>4,497</u>

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

\$

TOTAL OUTSTANDING LOANS

\$