

**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 WILLIAM WILKINS*

Street Address

*931 E RUSSELL AVE #110*

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 2020     Pre-Primary \_\_\_\_\_  
 July Continuing \_\_\_\_\_     Spring     Fall     Special  
 September Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 15.74	\$ 15.74
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 15.74	\$ 15.74

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 15.74
Total Receipts	\$ - 0 -
Subtotal	\$ 15.74
Total Disbursements	\$ 15.74
<b>CASH BALANCE END OF REPORT</b>	\$ - 0 -
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ - 0 -
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 904.46

*AK*

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:
<i>STEVEN C. KRULL, TREASURER</i>	<i>Steven C. Krull</i>	<i>11/14/2020</i>
	Email <i>sak5@earthlink.net</i>	Daytime Phone: <i>414-507-7834</i>

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 1-A**

**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

Complete Committee Name  
FRIENDS OF WILLIAM WILKINS

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
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		0	0
	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# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	0	0
TOTAL ITEMIZED CONTRIBUTIONS	\$	0	0
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	0	0

**SCHEDULE 1-B**

**RECEIPTS**  
Contributions from Committees  
(Transfers-In)

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name  
FRIENDS OF WILLIAM WILKINS

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 checked="" type="checkbox"/> Loan	0
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	
	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 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 checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		\$ 0
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		\$ 0

**SCHEDULE 1-C**

**RECEIPTS**  
Other Income and Commercial Loans

Complete Committee Name  
FRIENDS OF WILLIAM WILKINS

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
			0
SUBTOTAL OTHER INCOME THIS PAGE			\$ 0
TOTAL ITEMIZED OTHER INCOME			\$ 0
TOTAL OTHER INCOME			\$ 0

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**FRIENDS OF WILLIAM WILKINS**

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
11/5	WILLIAM WILKINS C/O FRIENDS OF WILLIAM WILKINS 931 E RUSSELL AVE #110 MILWAUKEE WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	REPAY LOAN (PARTIAL)	15.74
	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	\$	15.74
TOTAL ITEMIZED EXPENDITURES	\$	15.74
TOTAL UNITEMIZED EXPENDITURES	\$	—
TOTAL EXPENDITURES	\$	15.74

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Complete Committee Name  
**FRIENDS OF WILLIAM WILKINS**

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	0	0
	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		
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$ 0	0
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$ 0	0

**SCHEDULE 3-A**

**Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

Complete Committee Name

*FRIENDS OF WILLIAM WILKINS*

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			
				\$	<i>— 0 —</i>
				\$	<i>— 0 —</i>
				\$	<i>— 0 —</i>
				\$	<i>— 0 —</i>

**SCHEDULE 3-B**

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

Complete Committee Name  
*FRIENDS OF WILLIAM WILKINS*

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
1 / 1	<i>WILLIAM WILKINS 210 FRIENDS OF WILLIAM WILKINS 931 E RUSSELL AV #110 MILWAUKEE WI 53207</i>	<i>920.20</i>	<i>- 0 -</i>	<i>15.74</i>	<i>904.46</i>

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 \$ *904.46*  
TOTAL OUTSTANDING LOANS \$ *904.46*

TERMINATION REQUEST

Complete Committee Name  
**FRIENDS OF WILLIAM WILKINS**

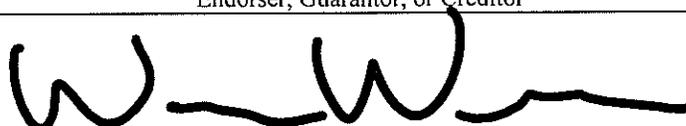
Ethics ID Number

- 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))

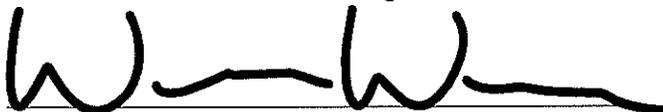
**DISPOSAL OF RESIDUAL FUNDS**  
*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount

**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
11/6/2019.		904.46

- 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 of Candidate or Treasurer

1/15/2020  
 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.