

**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     Spring     Fall     Special     Termination Report  
 July Continuing     Pre-Election 2020    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	\$ 25.00	\$ 25.00
1B. Contributions from Committees (Transfers-In)	\$ 600.00	\$ 600.00
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 625.00	\$ 625.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 3.50	\$ 3.50
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 3.50	\$ 3.50

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 3,550.39
Total Receipts	\$ 625.00
Subtotal	\$ 4,175.39
Total Disbursements	\$ 3.50
<b>CASH BALANCE END OF REPORT</b>	\$ 4,171.89
<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

RECEIVED  
 3/24/2020  
 46

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: 3/24/2020
Laura Kukor-Shea	<i>Laura Kukor-Shea</i>	
	Email oceanbreeze_1k@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
3/20/20	Marsha Vila 9364 W. Loomis Rd Unit 3 Franklin WI 53132 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		25.00	
	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	\$ 25.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 25.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 25.00

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

Complete Committee Name  
South Shore for Shea

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
2/26/2020	ATU COPE Voluntary Account 10000 New Hampshire Avenue Silver Spring MD 20903 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200.00
3/19/2020	Service Employees Intl Union Local 1 Wisconsin Workers Fund 250 E. Wisconsin Ave Ste 1275 Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200.00
3/13/2020	SEIU Healthcare Wisconsin Political Action Fund 4513 Vernon Blvd STE 300 Madison WI 53705 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	200.00
	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		\$ 600.00
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 600.00

Complete Committee Name  
South Shore for Sheg

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
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

3.50

TOTAL EXPENDITURES

\$

3.50

**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 Avenue Cudahy WI 53110</u>	<u>4,497.00</u>	<u>0</u>	<u>0</u>	<u>4,497.00</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 \$