

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:  Yes *done 7/7/2021*  No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Barb Schoenherr*

Street Address

*1324 N. 74<sup>th</sup> St.*

City, State and Zip Code

*Wauwatosa, WI 53213*

OFFICE USE ONLY

REC'D 210712PM 12:45

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 *2021*     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	\$ 100.00	\$ 2,433.32
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ 550.00
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 100.00	\$ 2,983.32

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 90.42	\$ 2,283.63
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 90.42	\$ 2,283.63

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 69.68
Total Receipts	\$ 100.00
Subtotal	\$ 169.68
Total Disbursements	\$ 90.42
<b>CASH BALANCE END OF REPORT</b>	\$ 79.26
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 436.73
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ - 0 -

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>7-7-21</i>
<i>Terry L. Feezor</i>	<i>Terry L. Feezor</i>	
	Email <i>TERPBEAR40@30L.com</i>	Daytime Phone: <i>414-412-9420</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**

January 2021  
Continuing

Amended 7/7/21

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Complete Committee Name

Friends of Barb Schoenherr

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
9-1-20	Barbara E. Schoenherr 1324 N. 174th Street Wauwatosa WI 53213 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	Business owner/RN (Candidate)	\$100 <sup>00</sup>	
	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 \$ 100<sup>00</sup>

TOTAL ITEMIZED CONTRIBUTIONS \$ 100<sup>00</sup>

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$ 0<sup>00</sup>

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 100<sup>00</sup>

**SCHEDULE 2-A**

Jan 2021  
Continuing

Amended 7/7/21  
**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

Friends of Barb Schoenherr

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
7/31/20	Waterstone Bank SSB 11200 W Plank Court Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	checking account fees for Friends of Barb Schoenherr	20.00
8/31/20	Waterstone Bank SSB 11200 W. Plank Court Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	checking account fees for Friends of Barb Schoenherr	10.42
9/30/20	Waterstone Bank SSB 11200 W. Plank Court Wauwatosa WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	Checking account fees for Friends of Barb Schoenherr	10.00
10/31/20	Waterstone Bank SSB 11200 W. Plank Court Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	checking account fees for Friends of Barb Schoenherr	10.00
11/30/20	Waterstone Bank SSB 11200 W. Plank Court Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	Checking accounts fees for friends of Barb Schoenherr	20.00
12/31/20	Waterstone Bank, SSB 11200 W. Plank Court Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	Checking account fees for Friends of Barb Schoenherr	20.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			\$ 90.42
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$ 90.42
<b>TOTAL UNITEMIZED EXPENDITURES</b>			\$ 0
<b>TOTAL EXPENDITURES</b>			\$ 90.42

Jan 2021 Continuing  
Amended 7/7/21

**SCHEDULE 3-A**

**Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

Complete Committee Name  
Friends of Barb Schoenherr

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 <u>4/1 / 1/10/2021</u>	Full Name, Mailing Address and Zip Code of Creditor <u>Barbara E Schoenherr 1324 N. 74th St. Wauwatosa, WI 53213</u>	<u>436.73</u>	<u>—</u>	<u>—</u>	<u>436.73</u>
		Nature of Debt (Purpose) <u>campaign expenses<sup>pd</sup> to be reimbursed if able</u>			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date <u>/ /</u>	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 436.73

TOTAL ITEMIZED OBLIGATIONS \$ 436.73

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$ —

TOTAL INCURRED OBLIGATIONS \$ 436.73



# CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

## STATE OF WISCONSIN

**Note:** Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

### SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full) Friends of Steve F. Taylor			
A2. Committee/Conduit ID Number (if applicable)	A3. Email stevetaylor4milwaukeecounty@gmail.com	A4. Phone (414) 759-4086	
A5. Mailing Address 2812 W Hilltop Lane	A6. City Franklin	A7. State WI	A8. Zip 53132

### SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)				B2. Special Election Date (if applicable)	
<input type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary		
<input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election		
		<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election		
Reporting Period <i>The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.</i> <i>Review the filing calendar with reporting periods online at: <a href="https://Ethics.wi.gov/FilingCalendar">https://Ethics.wi.gov/FilingCalendar</a></i>					
Party and Legislative Campaign Committees Only				B4. Reporting Period End Date 6/30/21	
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)					
<input checked="" type="checkbox"/> General Fund <input type="checkbox"/> Segregated Fund					

### SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

<b>Filing Exemption</b> <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>		<b>C1. Exemption Request and Affirmation</b> <input type="checkbox"/> Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. <input type="checkbox"/> No, this registrant is not requesting exemption
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### SECTION D: CERTIFICATION

*I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).*

Authorized Representative		
D1. Printed Name Steve F. Taylor	D2. Signature 	D3. Date 7/6/21