

**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 Barb Schoenherr

Street Address

1324 N. 74th St.

City, State and Zip Code

Wauwatosa, WI 53213

OFFICE USE ONLY

MCEC REC'D 210712 PM 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 _____ Pre-Primary _____
 July Continuing 2021 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 -	\$ 2,433.32
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ 550.00
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ 2,983.32

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 40.00	\$ 2,323.63
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 40.00	\$ 2,323.63

CASH SUMMARY

Cash Balance Beginning of Report	\$ 79.26
Total Receipts	\$ - 0 -
Subtotal	\$ 79.26
Total Disbursements	\$ 40.00
CASH BALANCE END OF REPORT	\$ 39.26
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 436.73
LOANS (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 Terry L. Feezor	Signature of Candidate or Treasurer <i>Terry L. Feezor</i>	Date: 7-7-21
	Email: TEARBEAR40@aol.com	Daytime Phone: 414-412-9420

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.

July Cont. 2021

SCHEDULE 2-A

**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
7/31/21	Waterstone Bank SSB 11200 W Plank Ct. Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	Bank Fees	20.00
2/28/21	Waterstone Bank SSB 11200 W Plank Ct. Wauwatosa, WI 53213 Check if: <input type="checkbox"/> In-Kind Offset	Bank Fees	20.00
	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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 40 ⁰⁰
TOTAL ITEMIZED EXPENDITURES	\$ 40 ⁰⁰
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 40 ⁰⁰

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
Friends of Barb Schoenherr

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		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				
7/07/2021	Barbara E Schoenherr 1324 N. 74th St. Wauwatosa WI 53213	436.73	—	—	436.73
		Nature of Debt (Purpose) campaign expenses pd, to be reimbursed if able			
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	\$ 436.73
TOTAL ITEMIZED OBLIGATIONS	\$ 436.73
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$ —
TOTAL INCURRED OBLIGATIONS	\$ 436.73