

**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

REC'D 210713 PM 0245

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
IA. Contributions (Including Loans) from Individuals	\$ 140.00	\$ 140.00
IB. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
IC. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from IA, IB and IC)	\$ 140.00	\$ 140.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 89.55	\$ 89.85
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 89.55	\$ 89.85

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 4,169.99
Total Receipts	\$ 140.00
Subtotal	\$ 4,309.99
Total Disbursements	\$ 89.55
<b>CASH BALANCE END OF REPORT</b>	\$ 4,220.44
<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: 7/13/2021
Laura Kukor-Shea	<i>Laura Kukor-Shea</i>	
	Email oceanbreeze_lks@yahoo.com	Daytime Phone: 414-481-7476

**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

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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
2/1/2021	William J. Krawczyk 3919 E. Lunham Ave Cudahy WI 53110		40	
6/27/2021	Steven Shea 3666 E. Armour Ave. Cudahy WI 53110		100	
	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

\$ 140

TOTAL ITEMIZED CONTRIBUTIONS

\$ 140

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 140

Complete Committee Name  
**South Shore for Shea**

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/30/2021	Pick N Save 3701 South 27th St. Milwaukee WI 53221 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	43.49
6/30/2021	Sal B's Piggly Wiggly 123 West Oklahoma Ave Milwaukee WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Parade Candy	25.36
	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	\$ 68.85
TOTAL ITEMIZED EXPENDITURES	\$ 68.85
TOTAL UNITEMIZED EXPENDITURES	\$ 20.70
TOTAL EXPENDITURES	\$ 89.55

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

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 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 3606 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 \$ 4,497.00