

**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 DYANNO ZEPKA**

Street Address

**1336 S. 11TH ST MILWAUKEE WI 53204**

City, State and Zip Code

**MILWAUKEE WI 53204**

**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 \_\_\_\_\_  
 July Continuing \_\_\_\_\_                     Spring             Fall             Special             Termination Report  
 September Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_                    also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals	\$ -	\$
1B. Contributions from Committees (Transfers-In)	\$ -	\$
1C. Other Income and Commercial Loans	\$ -	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ -	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 606.10	\$ 933.91
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 606.10	\$ 933.91

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2270.92
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ 606.10
<b>CASH BALANCE END OF REPORT</b>	\$ 1664.82
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

*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:
	Email	Daytime Phone:

**NOTE:** The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 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.

REC'D 220328 AM 1:07

*MRA*

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

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
2/23/22	CARLOS UJONA 2422 N. BOOTH ST MILWAUKEE 53212 Check if: <input checked="" type="checkbox"/> In-Kind Offset	RETURN OF CONTRIBUTION	500.00
3/16/22	ACT BLUE Check if: <input type="checkbox"/> In-Kind Offset	TICKETS / DEMOCRATIC AWARDS CEREMONY	75.00
3/26/22	Flores Hall 2997 S. LOMA ST MILWAUKEE 53215 Check if: <input type="checkbox"/> In-Kind Offset	FOOD / BEVERAGE	31.10
	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	\$ 606.10
TOTAL ITEMIZED EXPENDITURES	\$ 606.10
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 606.10