CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			Rec'd	7/19/04	
Is This Report an Amendment:	⊠. No				
Instructions for completing schedules are on the back of each schedule.					
COMMITTEE IDENTIFICATION					
Name of Committee					
CAMPAIGN FOR JEFFREY WM. HANEWALL Street Address			OFFICE USE ONLY		
Street Address 2414 E. JARVIS ST. City, State and Zip Code					
SHORE WOOD, WI 53211			WSEB ID Number:		
Please check if address is different than previously reported, a	nd complete the Cam	paign Registration S	tatement in tl	he back of this form. 🔲	
NAME OF REPORT					
January Continuing Pre-Primary	Spring Fall Sp		ccial	m · · · · · · · ·	
July Continuing Pre-Election	Spring	☐ Fali ☐ Spe	ecial	Termination Report also complete Schedule 4	
✓ July Continuing Pre-Election	oping				
SUMMARY OF RECEIPTS AND	Column A	Column B		Audited Totals	
DISBURSEMENTS	This Period	Calendar Year-To-Date	· •	Office Use Only	
1. RECEIPTS			gry is prepared y		
1A. Contributions (Including Loans) from Individuals	\$420.00	\$ <i>5620.35</i>	S		
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ <u>0</u>	\$		
1C. Other Income and Commercial Loans	s O	\$ 0	Ś	S	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$420.00	\$5620.35	S	\$	
2. DISBURSEMENTS			11	The second secon	
2A. Gross Expenditures	\$ 802.06	\$5136.48	\$	\$	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 802.06	\$ 5136.48	s : 3		
CASH SUMMARY	1 000000		<u> </u>		
	\$ 865.93			S	
Cash Balance Beginning of Report	\$420.00	1		\$ 1000	
Total Receipts	\$ 1205 QZ				
Subtotal	3 200 00	1	1		
Total Disbursements	\$ 802.06	-			
CASH BALANCE END OF REPORT	\$ 483.87	-	<u> </u>		
INCURRED OBLIGATIONS	8 0			\$	
(Balance at the Close of This Period-3A)	s 0	1		s	
LOANS (Balance at the Close of This Period-3B)	4.	J			
I certify that I have examined this report and to the best	of my knowledge gn	a veilej it is true, co	Treci ana co.	mpiere.	

1 corray man 2 mark and a contract of the cont		2 1/2 1/ 2 2 4
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: \ ufy 18, 2004
INCERCY WAN HANGWALL	XTH Anwall	Daytime Phone: 414 944 - 9000
JEFFRET WAR AFRICATION	/	

NOTE: The information on this form is required by ss.11.06_11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name

RECEIPTS Contributions (Including Loans) From Individuals

Complete Comm	ittee Name	MANGLINI		
CAMPAIC	ON FOR JEFFREY WM	HANEUALC		
Instructions for	completing schedules are on the back of each	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
الكيم كمنصب	ANE EWEND		# 75.00	
31407	2213 E. KENSINGTON	HOHEMAKER	15.00	\$ 175.00
	2213 E. 220 (N 5321)		<u>.</u>	Office Use
	SHORE WOOD, WI 53211		į.	
	Charles Disking Dondult Disen			Calendar
Date	Check if: In-Kind II Condult II Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendal Year-to-Date Total
3117104		Of Employment (ii year-io-date total oxocodo + / /	\$ 50.00	\$ 50.00
3,17,01	2609 E. OLIVE		- 0-	
ļ	SHORE WOOD, WI 53211			Office Use
		·	į.	
	Check if: In-Kind In Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
Date		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
318104	AL RENTHEESTER		4 , 25.00	\$ 25.00
J	4107 N. NEWATTE		-	Office Use
	SHOREWOOD, WISBAIL		.]:	
	i i			
Date	Check if: Li in-Kind C Conduit L Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Vess to Data Total
		Of Employment (if year-to-date total exceeds \$100)	# 20 00	Year-to-Date Total
3,2304	4060 N. FARWELL		#20.00	\$ 20.5D
	SHOREWOOD, WI 53211		<u> </u>	Office Use
	SHOKE WOOD, W. S. S.		,	
	Check if: Citn-Kind Ci Conduit Citoan			
Date	Check if: I In-Kind I Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/2504	TOM SHRINER	: ATTNENEY		\$ 125.00
3200	2724 E. SHOREWOOD	FOLEY AND LARDNER	\$ 100 - 00 [w -
1	SHORE WOOD, WI 58211	777 E. WISCONSIN AV.		Office Use
1	1	MILWAUKEE, WI 53211		
	Check if: [] In-Kind [] Conduit	Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Finispass acc	ļ	Year-to-Date Total
3 27/04	JANET BRUNLIEB		\$ 50.00	\$ 50.00
	JAAS E. MENUS DESP	1 1		Office Use
	SHOREWOOD, WI 5321			
Date	Check if: In-Kind Conduit Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
1	!	Of Employment (if year-to-date total exceeds \$100)		
3/2280	ADELE KAPERLY	, 	1 ± 25.00	3 25.00
ļ	4000 N. RICHLAND CT	• ! !	•	Office Use
	SHOREWOOD, WI 5321	[] 4		
	Check if:			6-1
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
41514	NEAL BERGER	As miles American for Name of the contract of	\$ 50.00	\$ 50.00
	HIAI NI. HUKKMY			
	SHOREWOOD, WI 53211			Office Use
	Check if: In-Kind Conduit Loan	1	2000	
	SUB*	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	s 395.00	
	TOTAL ITEMIZED CONTRIBUTIONS			
	ATOT	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL CO	INTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$420.00	

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

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

Date Full Name, Malling Address and Zip Code Cocupation, Name and Address Calendar Occupation, Name and Address of Principal Place Amount Year-to-Date Total LOIS GROSSE Of Employment (if year-to-date total exceeds \$100) 416184 4001 N. PROSPECTAN \$25.00 Office Use SHOREWOOD, WI 5311 Check if: In-Kind C Conduit I Loan Occupation, Name and Address of Principal Place Calendar Date Full Name, Mailing Address and Zip Code Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Office Use Check If: In-Kind [i] Conduit Loan Occupation, Name and Address of Principal Place Amount Calendar Full Name, Mailing Address and Zip Code Date Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) 1 1 Office Use Check If: In-Kind [Conduit Loan Occupation, Name and Address of Principal Place Calendar Amount Full Name, Mailing Address and Zip Code Date Of Employment (if year-to-date total exceeds \$100) Year-to-Date Total 1 1 Office Use Check if: ☐ in-Kind ☐ Conduit ☐ Loan Occupation, Name and Address of Principal Place Amount Calendar Full Name, Mailing Address and Zip Code Date Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) Office Use Check if: Clin-Kind Cl Conduit Loan Occupation, Name and Address of Principal Place Amount Calendar Date Full Name, Mailing Address and Zip Code Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) 1 1 Office Use Check if: Litn-Kind Conduit Li Loan Occupation, Name and Address of Principal Place Calendar Amount Full Name, Mailing Address and Zip Code Date Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) 1 Office Use Check if: In-Kind L Conduit I Loan Calendar Occupation, Name and Address of Principal Place Amount Full Name, Mailing Address and Zip Code Date Year-to-Date Total Of Employment (if year-to-date total exceeds \$100) I = IOffice Use Check if: In-Kind Conduit Cloan \$\$ 25.00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 420.0D TOTAL ITEMIZED CONTRIBUTIONS TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS s 420.00 TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name

CAMPAIGN FOR JEFFREY WM. HANEWALL

	M TON DOLLINGS OF THE TONIO			
Instructions for o	completing schedules are on the back of each schedule.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Date 1	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
Date .	Of Person or Business to Whom Payment is Made	Expenditure	i i	
2 28/14	ELLEN ECKMAN	VOTER LIST	\$ 25.00	
5 0001	Coderd Cara Maria	10104 2121	۵٠.٥٠	
	Check if: [I] In-Kind Offset	Ci5- Dumana of	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount	
	Of Person or Business to Whom Payment is Made	Expenditure	m (41)	
414 04	THE SHOREWOOD PRESS	LITERATURE	\$517.44	
.	HOGO N. OAKLAND AV.	ZI PECHICOLC	-	요. 부탁분하다고 그리다
	7000 60000 101 530 11		ł	
	Check if: I In-Kind Offset	Į l		
		Specific Purpose of	Amount	Office Use
Date	Of Person or Business to Whom Payment is Made JEFFREY W. HANGWALL	Expenditure		
418104	MANEWALL	REFRESHMENT	\$ \$84.02	
7. 2.07	JEFFRE 1 DON'S	KELKESHMENG	T 0. (
	2414 E. JARVIS	1		
	SHORELOOD, WI 53211			
i I	Check if: (1 In-Kind Offset		Amount	Office Use
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Altount	
1	Of Person or Business to Whom Payment is Made U. S. POST OFFICE	Expenditure		
5,27,04	1,15. POST OFFICE.	STAMPS	# 74.00	
	1620 E. CAPITOL DR.	31mm	, , –	
	5th REWOOD, WI 53211			
		1		
	Check if: In-Kind Offset	Specific Purpose of	Amount	Office Use
Date	Full Name, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Expenditure		
1.10 OL	Of Person of Business to Wilder Payment is MacA	PHOTOS	# 100.00	
619104	AL GARTZKE PHOTOGRAPHY	PHOIDS	, , , , ,	The first of the control of the cont
ļ	MILLIAUKEE, WI 53201			
	WILLWAUKEE, WI DONNI			
	Check if: 1 In-Kind Offset			Office USe
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	A to the value of the control of the
	Of Person or Business to Whom Payment is Made	Expenditure		Perunakki karun 1918, k
1 1			ļ	
	□	1	!	
	Check if:	Specific Purpose of	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Expenditure		A district of the control of the con
	Of Person of Business to Whom Fayment is made		ļ	
' '			1	
}		1		
ļ		İ		
1	Check if:		B an outside	Office Use
Date	Full Name Mailing Address and Zip Code	Specific Purpose of	Amount	Chice Car
Date	Of Person or Business to Whom Payment is Made	Expenditure		
1 1 1				Nicelië sa service o
				Property of the Control of the Contr
	Check if: C In-Kind Offset	Specific Purpose of	Amount	Office Use
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Expenditure		The Committee of the Co
1 , ,	Of Betson of Brainess to Amont Calument is ween	·	1	
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1	Check if:			Note that the second of the se
<u> </u>	<u></u>		1	
	SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE		s 800.46	The state of which and the state of the stat
		\$		
	TOTAL ITEMIZED EXPENDITURES			
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 1.60	
	··			
		802.06		