	IGN FINANCE I TE OF WISCON		i	REC+ # # #
s This Report an Amendment: Yes	□ No		,	JUL 2 0 2004
Instructions for completing schedules are on the l	oack of each schedu	le.	VILL	AGE OF SHOKEWOOD
COMMITTEE IDENTIFICATION				
Discost A Adminis			0	FFICE USE ONLY
City, State and Zip Code	1		WSEB ID	
Please check if address is different than previously reported	, and complete the Cam	paign Registration S	atement in	the back of this form.
NAME OF REPORT			····	T
January Continuing Pre-Primary	Spring	☐ Fail ☐ Spe	cial	Termination Report
July Continuing Pre-Election	Spring	∏Fall ∏ Spx	eial	also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date		Audited Totals Office Use Only
1. RECEIPTS	12.66			s
1A. Contributions (Including Loans) from Individuals	\$ 1250.00	\$	<u>s</u>	
1B. Contributions from Committees (Transfers-In)	\$	\$	S	<u> </u>
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1250,00	\$	\$	<u> </u>
2. DISBURSEMENTS			1	
2A. Gross Expenditures	\$1655.42	\$ 4828,84	\$	<u> </u>
2B. Contributions to Committees (Transfers-Out)	. \$	8	\$	<u>\$</u>
	3) \$ 1655,42	\$ 4828.84	\$	s
TOTAL DISBURSEMENTS (Add totals from 2A and 2i	3) 10.10.10.10.10.10.10.10.10.10.10.10.10.1			
CASH SUMMARY	s 641,58			\$
Cash Balance Beginning of Report	c 1760 BD			\$
Total Receipts	s 1891.58	-		S
Subtotal	01105 112			S
Total Disbursements	\$ 160,5.46			\$
CASH BALANCE END OF REPORT	\$ 236.16	_{		φ
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			\$
LOANS (Balance at the Close of This Period-3B)	\$3700.00			\$
I certify that I have examined this report and to the b	est of my knowledge a	nd belief it is true, c	orrect and	complete.
Type or Print Name of Candidate or Treasurer	Signature of Candidate of	[reasurer	Date:	1-20-2009
MICHAEL A PUINNEY	Muhak	M	Daytir	ne Phone: 276-9353X6
117		ure to provide the info	rmation may	subject you to the penalties of

NOTE: The information on this form is required by ss.11.06, 11.20, ss.11.60, 11.61, Wis. Stats.

EB-2 (Rev. 12/03)

This form is prescribed by the State Elections Board, P.O. Hox 2973, Madison, WI 53701-2973, 608-266-8005.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name		
Coutblete official interest verse		
$F_{i}O_{i+1}O_{i}$		
L-/8//11/0-// \$\	~ <i>(4 BY) (Cabby)</i>	
<i>[[MGA[1]</i> [1][1]] }	3 Y 1, U 1 L 424 U 1 C V 1 1	
4 7		4

Instr	uctions for a	completing schedules are on the back of each schedule.			
7	Date 22 / 2004	Full Name, Mailing Address and Zlp Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
2	CLILLOUT	Commonity NEWSPAGELS, ING	A-OVELTIMEN'S	27620	
	ĺ	Check if: [L] In-Kind Offset		W.L = ==	
7	Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
2	26 2001	-	UPGRADE TO NOV.	8410	
		Check if: U In-Kind Offset	Specific Purpose of	Amount	Office Use
2	Date .	Full Name, Mailing Address and Zlp Code Of Person or Business to Whom Payment is Made	Expenditure		5,,,,,,
7	28' Zocy	AWNAGA-15A ROOM_	EVENT	35000	
		Check if: U In-Kind Offset			
	Date	Cyll Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
3	128 2004	SUMPLEMENT RESERVED PRESS	Urelanser_	945 12	
	1.	4660 N. OAKLAND AVE SENIA	armonya	77) =	
			Secreta Diverses of	Amount	Office Use
	Date	Full Name, Mailing Address and ZIp Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Ampura	Çinice ode
	1 1	Of A Classifier and Section 19			
		_			
<u> </u>	-v <u></u>	Check if: LI 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	F WETSCHITE	
ļ	t = t	,			
1				ļ	
Į.					
	·- 	Check if: U 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		
	f = f			Į.	
İ				}	
					4.
<u> </u>	Date	Check if: U In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Date	Of Person or Business to Whom Payment is Made	Expenditure		
	1 1				
Į.					
ļ	Date	Check if: U In-Kind Offset Full Name, Malling Address and Zip Code	Specific Purpose of	Amount	Office Use
		Of Person or Business to Whom Payment is Made	Expenditure		
ļ	1 1				
		Check if: [L] In-Kind Offset		,	·
		.1		1100	
		SUBTOTAL ITEMIZED EX	PENDITURES THIS PAGE	s 1688.42 s 4828.84	
TOTAL ITEMIZED EXPENDITURES			Upp Rd		
			\$ 7840.09	,	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS				8	
				. 4828.84	
			TOTAL EXPENDITURES	\$ 1000.00	

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ___

Complete Commi				
FOR	WARD SKIOREWOOD	th cohodula		
Instructions for Date	completing schedules are on the back of ear Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
_	DAVID AND KATHLERAN	Of Employment (if year-to-date total exceeds \$100)	\$50.00	150.00
7.20.00	MEISSNER-		* 30.00	Office Use
}				Ollice 045
	WILD WOOD 405 SUMEWOOD WI \$3211 Check if: [u] In-Kind [u] Conduit [u] Loan	1		
Date	Check if: U.In-Kind / U.Conduit U.Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Catendar Year-to-Date Total
1 " 1	· · · · · · · · · · · · · · · · · · ·	Of Employment (if year-to-date total exceeds \$100)	100.00	100,00
120000	BILL SCOTT / WENDI HOLDERED	'	*100.00 [
}	STOWER AVENUE		1	Office Use
	SUCKANOTO WI 532 M Check II. [1] In-Kind [1] Conduit [1] Loan Full Name, Mailing Address and Zip Code			
Date	Check if: Li In-Kind Li Conduit Li Loan Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
		Of Employment (if year-to-date total exceeds \$100)	\$1100.00	132111
1,00,001	Michael A. PUNIVEY			Office Use
	2800 E TEAGENOODS WELL			OHICE OSE
	SUMMINUTON, WY 532 M Check if: [i] In-Kind [i] Conduit [i] Conduit		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
1 1		Ci employment (ii year-to-date total execuse o ree)		
				Office Use
			1	Vince date
	Check if: U In-Kind U Conduit U Loan	1 1 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
1 1		CA Englayment (il your la cala cala accessor a cala)		Ì
				Office Use
	ļ		ļļ	onice use
	Check if: [1] In-Kind [1] Conduit [1] Loan			
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
1 1		the Employment (ii) you is a second or second	}	
			}	Office Use
			1	0.000
	Check if: [i] In-Kind [i] Conduit [i] Loan			
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
1 1		E CAMPONION (11) - 11 - 11 - 11 - 11		
				Office Use
	Check if: [u] In-Kind [u] Conduit [u] Loan	<u> </u>		A-10-3
Cate	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 Yotal
1 1			1	
				Office Use
		<u><u>+</u></u>	1	
	Check if: [i] In-Kind [i] Conduit [i] Loan	<u>.</u>		
		TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1250.00	
	ÇSS	TOTAL ITEMIZED CONTRIBUTIONS	\$ 5065.00	
			\$	
		AL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 8065.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS				

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

	- 1		- 1	
Page	· · · ·	of.	1	

Complete Committee Name FIRNALL) SUNUFWOO	<u>n</u>				
nstructions for completing schedulos are of Full Name, Mailing Address are MCUMBA. A P	nd Zip Code of Loan Source	Outstanding Balance Seginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date Date 2800 E. 16-16 3 ILB 12001 MILWAVLEE Jet All Endorsers or Guarantors (if any)	NI 53211	2600.00	1100.00		3700.00
ISE All Elidoracia di Cacitaticia (ii dilify			*10***		
ull Name, Mailing Address and Zip Code of Guarantor	Occupation Name and Address of Employer				
	Amount Guaranteed Outstanding				
	_#				
Full Name, Mailing Address and Zip Code of Guarantor	S Occupation				
	Name and Address of Employer		4-4 tr		
	Amount Guarantecd Outstanding \$		T-"	0 100	Outstanding
Full Name, Mailing Address a	nd Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This <u>Period</u>	Balance End of This Period
Date / /					
List All Endorsers or Guarantors (if any)			J^	·	,,
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
O Ougranio	Name and Address of Employer	,	4.017		
	Amount Guaranteed Outstanding \$				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Name and Address of Employer				
	Amount Guaranteed Outstanding			İ	
Full Name, Mailing Address a	ssand Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /					,
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation			{	
	Name and Address of Employer				
	Amount Guaranteed Outstanding \$				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation Name and Address of Employer				
	Amount Guaranteed Outstanding	1 *************************************			
	\$. 1100 00
		SUBTOTAL	OUTSTANDING LOA		0.2
			TOTAL OUTST	ANDING LOANS	\$ 7 700.00