

**CAMPAIGN FINANCE REPORT
STATE 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: FORNALD SHOREWOOD

Street Address: 3501 N. SUBARU AVE.

City, State and Zip Code: SHOREWOOD WI 53211

WSEB ID Number: _____

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

RECEIVED

JUL 20 2004

VILLAGE OF SHOREWOOD

OFFICE USE ONLY

NAME OF REPORT

January Continuing Pre-Primary Spring Fall Special

July Continuing Pre-Election Spring Fall Special

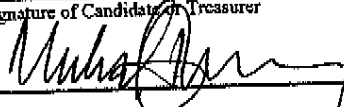
Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 1250.00	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1250.00	\$	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1655.42	\$ 4828.84	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1655.42	\$ 4828.84	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 641.58	\$
Total Receipts	\$ 1250.00	\$
Subtotal	\$ 1891.58	\$
Total Disbursements	\$ 1655.42	\$
CASH BALANCE END OF REPORT	\$ 236.16	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$
LOANS (Balance at the Close of This Period-3B)	\$ 3100.00	\$

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 <u>MICHAEL A. PHINNEY</u>	Signature of Candidate or Treasurer 	Date: <u>7-20-2004</u>
		Daytime Phone: <u>276-9333x6311</u>

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FORWARD SHERWOOD

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	Office Use
3/22/2004	COMMUNITY NEWSPAPERS, INC	ADVERTISEMENT	276.20	
3/26/2004	COMMUNITY NEWSPAPERS	UPGRADE TO KDU.	84.10	
3/28/2004	ANNAPA-TSA ROOM	EVENT	350.00	
3/28/2004	SHERWOOD COMMUNITY PRESS 4660 N. OAKLAWN AVE 59211	LITERATURE	945.12	
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/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1655.42	
TOTAL ITEMIZED EXPENDITURES			\$ 4828.84	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$ 4828.84	

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
FORWARD SHOREWOOD

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

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
3/20/2004	DAVID AND KATHLEEN MEISSNER WILDWOOD #06 SHOREWOOD, WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		\$50.00	\$50.00 Office Use
3/22/2004	BILL SCOTT / WENDI HOLDEN STONER AVENUE SHOREWOOD, WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan		\$100.00	\$100.00 Office Use
3/28/2004	MICHAEL A. PUMVEX 2800 E. FAIRBANKS AVE. SHOREWOOD, WI 53211 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Conduit <input type="checkbox"/> Loan		\$1100.00	Office Use
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 1250.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 5065.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 8065.00	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FORWARD SUNCEWOOD

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

Date	Full Name, Mailing Address and 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
3/18/2001	MICHAEL A. PUINNEY 2800 E. HARBINGWOOD AVE MILWAUKEE, WI 53211	2600.00	1100.00		3700.00

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 \$

Date	Full Name, Mailing Address and 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
/ /					

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 \$

Date	Full Name, Mailing Address and 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
/ /					

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 \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 1100.00
TOTAL OUTSTANDING LOANS \$ 3700.00