CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

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Is This Report an Amendment: ☐ Yes ☑ No

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

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF ROBERT W. PUENTE

Street Address: 9355 N. JOYCE AVE.

City, State and Zip Code: MILWAUKEE, WI 53224

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 2015 ☐ 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 650.00	$ 9659.00
1B. Contributions from Committees (Transfers-In)	$ -0-	$ 291.00
1C. Other Income and Commercial Loans	$ -0-	$ -0-
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 650.00	$ 9950.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$ -0-	$ 753.52
2B. Contributions to Committees (Transfers-Out)	$ -0-	$ -0-
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ -0-	$ 753.52

CASH SUMMARY	
Cash Balance Beginning of Report	$ 20,547.62
Total Receipts	$ 650.00
Subtotal	$ 21,197.62
Total Disbursements	$ -0-
CASH BALANCE END OF REPORT	$ 21,197.62
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ -0-
LOANS (Balance at the Close of This Period-3B)	$ -0-

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: 01-25-15
KEVIN VON BANK, TREASURER	Kevin Von Bank	
	Email VONBANKME@AOL.COM	Daytime Phone: 262 253-0047

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 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF ROBERT W. POENTE

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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
11,19,14	YVONNE LARSEN S68W18118 ISLAND DR. MUSKEGO, WI 53151 Check if: ☐ In-Kind ☐ Loan ☐ Conduit	OWNER MEDA CARE AMBULANCE 2515 W. VLIET MILWAUKEE, WI Conduit Name:	100.00	100.00
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
7,15,14	RICHARD ROMANSHEK N90W20331 SCENIC DR. MENOMONEE FALLS, WI 53051 Check if: ☐ In-Kind ☐ Loan ☐ Conduit	OWNER PARATECH AMBULANCE 9401 W. BROWN DEER RD. MILWAUKEE, WI 53224 Conduit Name:	250.00	250.00
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
7,15,14	MANDEEP DHAWAN 6974 S. CRAIG CT. FRANKLIN, WI 53132 Check if: ☐ In-Kind ☐ Loan ☐ Conduit	OWNER MOBIL GAS STATION 4950 W. LISBON RD. MILWAUKEE, WI 53210 Conduit Name:	300.00	300.00
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
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
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
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
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
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
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
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
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
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 650.00
TOTAL ITEMIZED CONTRIBUTIONS	$ 650.00
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ 0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 650.00