CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is this report an Amendment? YES NO

COMMITTEE IDENTIFICATION

Friends of Carol Voss
2118 E. Vollmer Ave.
Milwaukee, WI 53207

OFFICE USE ONLY
WSEB # ID

Please check if address is different than previously reported ___

NAME OF REPORT (Please circle)					
Jan 20__ Continuing	Pre-Primary 2015	Spring	Fall	Special
July 20__ Continuing	Pre-election 2015	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	**Column A This Period**	**Column B YTD**	**Audited Totals Office Use Only**	
1. RECEIPTS				
A. Contributions including Loans from Individuals	$ 622.47			
B. Contributions from Committees (Transfers-In)	$ -			
C. Other Income and Commercial Loans	$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ 622.47	$ -		
1. DISBURSEMENTS				
A. Gross Expenditures	$ 369.47			
B. Contributions to Committees (Transfers-Out)	$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 369.47	$ -		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 200.00			
Total Receipts	$ 622.47			
Subtotal	$ 822.47			
Total Disbursements	$ 369.47			
CASH BALANCE AT END OF REPORT	$ 453.00			
INCURRED OBLIGATIONS (at close of period)	$ -			
LOANS (at close of period)	$ -			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Patricia P Thompson

Signature of Candidate or Treasurer: Patricia Thompson

Date 3/28/2015

Daytime Phone 4144038003

NOTE: The information on this form is required by ss. 11.06, 11.20, Wisconsin. Stats.
Failure to provide this information may subject you to the penalties os 11.60, 11.62, Wisconsin. Stas.

Rec'd 3/30/15 4:30 pm
TLL

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Contributions Including Loans from Individuals

IN-KIND	CONDUIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	EMPLOYER	OCCUPATION	AMOUNT	YTD
x		1/15/2015	Voss	Carol	2118 E. Vollmer	Milwaukee	WI	53207			$ 8.82	$ 8.82
		1/27/2015	Pelzer	Marcellene	306 E. Lincoln Ave., Apt 8	Milwaukee	WI	53207			$ 50.00	$ 50.00
		1/27/2015	Marlow	Christa	2428 S. Lenox Ave.	Milwaukee	WI	53207			$ 30.00	$ 30.00
		1/27/2015	Sheilds	Cynthia	2967 S. Wentworth Ave.	Milwaukee	WI	53207			$ 25.00	$ 25.00
		1/27/2015	Boardman-Miller	Sarah	1317 E. Oklahoma Ave.	Milwaukee	WI	53207			$ 100.00	$ 100.00
		1/27/2015	Newcomb	John	2967 S. Wentworth Ave.	Milwaukee	WI	53207			$ 50.00	$ 50.00
		1/27/2015	Kanter	Raejean	2525 S. Shore Dr. Unit 24F	Milwaukee	WI	53207			$ 100.00	$ 100.00
		1/27/2015	Maniaci	Monica	3225 S. New York Ave.	Milwaukee	WI	53207			$ 35.00	$ 35.00
		1/27/2015	Harling	Stephanie	2549 S. Superior St.	Milwaukee	WI	53207			$ 50.00	$ 50.00
		1/27/2015	Mason	Leslie	2970 S. Wentworth Ave.	Milwaukee	WI	53207			$ 10.00	$ 10.00
		1/27/2015	Crowley	Sarah	2142 E. Bennett Ave.	Milwaukee	WI	52307			$ 25.00	$ 25.00
		1/27/2015	Tilleman	Morgan	2972 S. Wentworth Ave.	Milwaukee	WI	53207			$ 25.00	$ 25.00
x		1/27/2015	Olson	Adie	2969 S. Wentworth Ave.	Milwaukee	WI	53207	Quarles & Brady	Attorney	$ 113.65	$ 113.65

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SCHEDULE 2-A

Gross Expenditures

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
x	1/27/2015	Olson, Adie	2969 S. Wentworth	Milwaukee	WI	53207	Fundraiser Expenses	$ 113.65
x	1/15/2015	Voss, Carol	2118 E. Vollmer	Milwaukee	wi	53207	Postage	$ 8.82
	2/16/2015	Interorg Council		Milwaukee	wi	53207	Washington Day Dinner	$ 22.00
	2/16/2015	DPMC		Milwaukee	wi	53207	Dem Team Fee	$ 50.00
	2/24/2015	WZW Consulting	533 E. Dover St.	Milwaukee	wi	53207	Consulting Fee	$ 175.00

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SCHEDULE 3-C **Estimated Value of In-Kind Contributions Received**

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm	Description of Contribution	Estimated Amount	Estimated YTD
1/27/2015	Olson, Adie	2969 S. Wentworth Ave.	Milwaukee	wi	53207		Indvidual		113.65	113.65
1/15/2015	Voss, Carol	2118 E. Vollmer Ave.	Milwaukee	wi	53207		Indvidual		8.82	8.82

SCHEDULE 3-D **Estimated Value of In-Kind Contributions Given**

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm	Description of Contribution	Estimated Amount	Estimated YTD

SCHEDULE 3-E **Contributions Returned to Contributor**

DATE OF ORIGINAL CONTRIB	NAME	ADDRESS	CITY	ST	ZIP	Amount Returned				

SCHEDULE 3-F **Contributions Donated to Charity or Common School Fund**

DATE	NAME	ADDRESS	CITY	ST	ZIP	Reason	Amount			