

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

RECEIVED

Is This Report an Amendment:     Yes             No

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

2016 FEB -8 P 3:31

**COMMITTEE IDENTIFICATION**

Name of Committee  
**Friends of Shannan Hayden**

CITY OF MILWAUKEE  
ELECTION COMMISSION

Street Address  
**2530 E Newberry Blvd**

**OFFICE USE ONLY**

City, State and Zip Code  
**Milwaukee, WI 53211**

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 \_\_\_\_\_     Pre-Primary 2016     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
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 859.68	\$ 859.68
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 200.00
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	\$ 859.68	\$ 1059.68
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 784.68	\$ 784.68
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ 784.68	\$ 784.68

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 200.00
Total Receipts	\$ 859.68
Subtotal	\$ 1059.68
Total Disbursements	\$ 784.68
<b>CASH BALANCE END OF REPORT</b>	\$ 275.00
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS (Balance at the Close of This Period-3B)</b>	\$ 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 <b>Shannan Hayden</b>	Signature of Candidate or Treasurer <i>Shannan Hayden</i>	Date: 02/07/2016
	Email: shaydendistrict3@gmail.com	Daytime Phone: (414) 795-8373

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 \_\_\_\_\_

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
012616	Patricia Melik 45 Mesero Way Hot Springs Village, AR 71909 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	N/A Conduit Name: _____	50.00	50.00
020416	Betty Meyers 2975 N. Downer Ave Milwaukee, WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	N/A Conduit Name: _____	25.00	25.00
012016	Craig Peterson 777 E Wisconsin Ave Milwaukee, WI 53202 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Owner, Zigman, Joseph & Stevenson, 777 E. Wisconsin Ave. Conduit Name: _____	784.68	784.68
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name: _____	Amount	Calendar Year-to-Date Total

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	<b>\$ 859.68</b>
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	<b>\$ 859.68</b>
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	<b>\$ 0</b>
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	<b>\$ 859.68</b>

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name  
 Friends of Shannan Hayden

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
12/14/15	<b>Friends of Michael Hayden</b> <b>2530 E Newberry Blvd</b> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	0	200.00
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		<b>\$ 0</b>	
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		<b>\$ 200.00</b>	

**RECEIPTS**  
Other Income and Commercial Loans

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
<p align="right"><b>SUBTOTAL OTHER INCOME THIS PAGE</b></p>			\$
<p align="right"><b>TOTAL ITEMIZED OTHER INCOME</b></p>			\$
<p align="right"><b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b></p>			\$
<p align="right"><b>TOTAL OTHER INCOME</b></p>			\$ <b>0</b>

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name \_\_\_\_\_

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
020716	<b>Craig Peterson</b> <b>777 E Wisconsin Av, Ste 3800</b> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<b>In-kind contribution offset for printing services</b>	<b>784.68</b>
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>			<b>\$ 784.68</b>
<b>TOTAL ITEMIZED EXPENDITURES</b>			<b>\$ 784.68</b>
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>			<b>\$</b>
<b>TOTAL EXPENDITURES</b>			<b>\$ 784.68</b>



**ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans**

Complete Committee Name

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				

<b>SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE</b>	\$
<b>TOTAL ITEMIZED OBLIGATIONS</b>	\$
<b>TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS</b>	\$
<b>TOTAL INCURRED OBLIGATIONS</b>	\$ <b>0</b>

**ADDITIONAL DISCLOSURE  
Loans  
Individual, Committee or Commercial**

Complete Committee Name

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

	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
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 \$

	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
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 \$

	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
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 \$

**SUBTOTAL OUTSTANDING LOANS THIS PAGE** \$

**TOTAL OUTSTANDING LOANS** \$ **0**