

Postmarked 7/17/17

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN	RECEIVED
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2017 JUL 19 P 2:13
Instructions for completing schedules are on the back of each schedule.	
COMMITTEE IDENTIFICATION	
Name of Committee <i>Friends of Joey Balistreri</i>	CITY OF MILWAUKEE ELECTION COMMISSION
Street Address <i>3931 W Forest Home Ave.</i>	OFFICE USE ONLY
City, State and Zip Code <i>Milwaukee, WI 53215</i>	

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

NAME OF REPORT

<input type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	<input checked="" type="checkbox"/> Termination Report <i>also complete Schedule 4</i>
<input checked="" type="checkbox"/> July Continuing <i>2017</i>	<input type="checkbox"/> Pre-Election _____				
<input type="checkbox"/> September Continuing _____					

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ <i>∅</i>	\$ <i>9,394.⁰⁰</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>∅</i>	\$ <i>1,484.⁰⁰</i>
1C. Other Income and Commercial Loans	\$ <i>-</i>	\$ <i>-</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>∅</i>	\$ <i>10,878.⁰⁰</i>
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <i>2,779.51</i>	\$ <i>12,573.85</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>-</i>	\$ <i>-</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>2,779.51</i>	\$ <i>12,573.85</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>2,779.51</i>
Total Receipts	\$ <i>∅</i>
Subtotal	\$ <i>2,779.51</i>
Total Disbursements	\$ <i>2,779.51</i>
CASH BALANCE END OF REPORT	\$ <i>∅</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>-</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>-</i>

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 <i>Joseph Balistreri</i>	Signature of Candidate or Treasurer <i>Ph...</i>	Date: <i>7/17/2017</i>
	Email: <i>FriendsOfJoeyBalistreri@gmail.com</i>	Daytime Phone: <i>414 3161052</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name
Friends of Joey Balistreri

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	<i>na</i>		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Joey Balistreri

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Joey Balistreri

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
4/3/17	AMM Political Strategies 507 N. Sylvania Ave. Fort Worth, TX 76111 Check if: <input type="checkbox"/> In-Kind Offset	Paid Phone calls	\$603.90
4/3/17	Facebook Advertising 1 Hacker Way Menlo Park, California 94025 Check if: <input type="checkbox"/> In-Kind Offset	Facebook Advertising	\$1,250.00
4/4/17	Malone's on Brady 1329 E Brady St Milwaukee 53202 Check if: <input type="checkbox"/> In-Kind Offset	Election night food	\$116.50
4/4/17	Wildfire Contact 400 E Court Ave STE 108 Des Moines, IA 50309 Check if: <input type="checkbox"/> In-Kind Offset	Printing	\$209.11
4/4/17	Sarah Sealock Jackson 2200 W Kilbourn Ave Apt 502 Milwaukee, WI 53233 Check if: <input type="checkbox"/> In-Kind Offset	Campaign manager salary	\$500.00
4/4/17	Marquette Dems 1250 W Wisconsin Ave. Milwaukee, WI 53233 Check if: <input type="checkbox"/> In-Kind Offset	Election Day Food	\$100.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2779.51
TOTAL ITEMIZED EXPENDITURES	\$ 2779.51
TOTAL UNITEMIZED EXPENDITURES	\$ -
TOTAL EXPENDITURES	\$ 2779.51

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Joey Balistren

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

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<i>n/a</i>		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name

Friends of Joey Balistreri

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)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
		\$			
		TOTAL ITEMIZED OBLIGATIONS			
		\$			
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			
		\$			
		TOTAL INCURRED OBLIGATIONS			
		\$			

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

Complete Committee Name: Friends of Joey Balistreri

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

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

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

Friends of Joey Balistreri

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND OR 2-B.*

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



 Signature of Candidate or Treasurer

7/17/2017

 Date