CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				EGEIVED		
Is This Report an Amendment:				HAD 0.0 001		
Instructions for completing schedules are on the b		MAR 2 2 2017				
COMMITTEE IDENTIFICATION			MAC	DISON CITY CLERK		
Name of Committee		JOON OIT CLERK				
Street Address  306 M. BROOKS ST #337  City, State and Zip Code  MAPISON, WI. 537/5			OF	FICE USE ONLY		
City, State and Zip Code  MAP/SOM, W/, 53	7/5					
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 ☐ July Continuing ☐ September Continuing ☐ Pre-Election ☐	Z Coming	Fall	Special	☐ Termination Report also complete Schedule 4		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Caler	The state of the s			
1. RECEIPTS	Tims i criod	Year-To				
1A. Contributions (Including Loans) from Individuals	\$	\$				
1B. Contributions from Committees (Transfers-In)	\$	\$				
1C. Other Income and Commercial Loans	\$	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$				
2. DISBURSEMENTS						
2A. Gross Expenditures	\$ 53 %/100	\$530	1/100			
2B. Contributions to Committees (Transfers-Out)	\$	\$				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 5 3 0%/100	\$ 53 0	100			
CASH SUMMARY		1				
Cash Balance Beginning of Report	\$					
Total Receipts	\$					
Subtotal	\$	i				
Total Disbursements	\$					
CASH BALANCE END OF REPORT	\$					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$					
LOANS (Balance at the Close of This Period-3B)	\$					
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.						
ype or Print Name of Candidate or Treasurer  Signature of Candidate or Treasurer  Date: 3 - 2 - 17						
JOHN A TERRY IT Email STERRY JESS & GMAIL Daytime Phone: 698-7460						

**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.



## DISBURSEMENTS Gross Expenditures

Page	O	f

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					
3-22-1-	7 JOHN TE	FACE BOOK	53 %					
	1 ) Obser TE John TERRY 306 N. BROUKS		7 7 700					
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		TOTAL EXPENDITURES	\$ 53 cd/100					