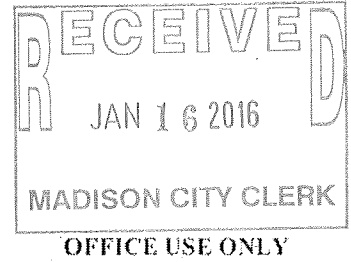


**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

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



**COMMITTEE IDENTIFICATION**

Name of Committee: ~~Dean Dr. School Friends of~~ **Dean Loumos**  
 Street Address: **2724 Milwaukee St**  
 City, State and Zip Code: **Mad WI 53704**

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 \_\_\_\_\_                     Spring             Fall             Special  
 September Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_                     Termination Report  
*also complete Schedule J*

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

|                                                        | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date |
|--------------------------------------------------------|-------------------------|--------------------------------------|
| <b>1. RECEIPTS</b>                                     |                         |                                      |
| 1A. Contributions (Including Loans) from Individuals   | \$                      | \$                                   |
| 1B. Contributions from Committees (Transfers-In)       | \$                      | \$                                   |
| 1C. Other Income and Commercial Loans                  | \$                      | \$                                   |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)  | \$                      | \$                                   |
| <b>2. DISBURSEMENTS</b>                                |                         |                                      |
| 2A. Gross Expenditures                                 | \$                      | \$                                   |
| 2B. Contributions to Committees (Transfers-Out)        | \$                      | \$                                   |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$                      | \$                                   |

**CASH SUMMARY**

|                                                                         |          |
|-------------------------------------------------------------------------|----------|
| Cash Balance Beginning of Report                                        | \$ 80.00 |
| Total Receipts                                                          | \$ 79.54 |
| Subtotal                                                                | \$ 79.54 |
| Total Disbursements                                                     | \$ 79.54 |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ 21.46 |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$ 0     |
| <b>LOANS</b> (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<br><b>Dean Loumos</b> | Signature of Candidate or Treasurer<br><i>Dean Loumos</i> | Date: <b>1.15.16</b>               |
|                                                                    | Email: <b>dean.loumos@hoover.com</b>                      | Daytime Phone: <b>608 332 2091</b> |

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 Dean Loumos**

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

| Date    | Full Name, Mailing Address and Zip Code<br>Of Contributor                                                                                                                       | Occupation (if year-to-date total exceeds \$200) | Amount of<br>Contribution | Y-T-D<br>Total |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| 12/4/16 | Tudn Kano Esq<br>317 N Pinckney<br>Mad WI 53703<br><br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#   |                                                  | \$50                      |                |
| 12/4/16 | Dean Loumos<br>2724 Milwan Kee<br>Mad WI 53704 st<br><br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# |                                                  | \$29.54                   |                |
|         | 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#                                                          |                                                  |                           |                |
|         | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                                                          |                                                  |                           |                |

|                                               |          |  |
|-----------------------------------------------|----------|--|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE     | \$ 79.54 |  |
| TOTAL ITEMIZED CONTRIBUTIONS                  | \$ 79.54 |  |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS    | \$ 0     |  |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ 79.54 |  |