CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment:				
Instructions for completing schedules are on the bac	k of each schedule.			
COMMITTEE IDENTIFICATION		SEP	1 3 2022	
Name of Committee SIMMONS FOR OFFI Street Address	CE	12:00 REGIN	PIM AP	
1460 67th Street		COUN	POCE ONLY	
KENOSHA WI 53143				
Please check if address is different than previously reported, and	d complete the Campaign Reg	istration Statement in the b	ack of this form.	
NAME OF REPORT				
January Continuing Pre-Primary July Continuing September Continuing Pre-Election	Spring 🔀 F	Fall Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	0.1	C. L D		
DISBURSEMENTS	Column A This Period	Column B Calendar		
1. RECEIPTS		Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$ 445	\$ 445		
1B. Contributions from Committees (Transfers-In)	s 1059.58	\$ 1059,58		
1C. Other Income and Commercial Loans	\$ 1210.55	\$ 1210.55		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 445	\$ 445		
2. DISBURSEMENTS	,			
2A. Gross Expenditures	\$ 1210.55	\$ 1210.55	1	
2B. Contributions to Committees (Transfers-Out)	\$ 1059.58	\$ 1059.50		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1210.55	\$ 1240.55	, = -s	
CASH SUMMARY			7	
Cash Balance Beginning of Report	s 2085, 40			
Total Receipts	\$ 445			
Subtotal	\$ 2530,60	4		
Total Disbursements	\$ 1210.55			
CASH BALANCE END OF REPORT	\$ 1320,95	<u> </u>		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s O			
LOANS (Balance at the Close of This Period-3B)	\$ 5399.16	,		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
	gnature of Candidate or Treasurer	Date: O	113/22	
40 111 -	Mmilw V-Xi	nm?	1100	

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.

Co Maytime Phone (84)

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ___

Complete Committee Name

SIMM ONS FUR OFFICE

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

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
7/24/25	111 / No Kee 10, 33207	NIA	\$50	850
7/3//	Jesse Jackson 10209 Cooper Rol. Pleasant Prairie, Wis 3 Check if: In-Kind I Loan Conduit - Ethics ID#	Jesse jadgen og med 1 com	\$250	\$250
8/2/22	Mary B. Schneiter 7727 Fox River Rd. Bullington W153105 Check if: [In-Kind [Loan] Conduit - Ethics ID#	NA	\$25	T25
8/4/22	m La 1 1 CO	N/A	\$100	3100
9/2	Sally Huck 9612 3rd Ave. Kenshe wi 53143 Check if: [In-Kind [Loan] Conduit - Ethics ID#	NA	\$ 20	920
	Check if: □ In-Kind □ Loan□ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Condult – Ethics ID#			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 445	445
TOTAL ITEMIZED CONTRIBUTIONS			\$ 0	N
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			s 7)	0
		\$ UUS	445	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS				

SCHEDULE 1-B

RECEIPTS Contributions from Committees

Page	of

(Transfers-In)

Complete Committee Name	OFFICE	
Instructions for completing schedules are or		

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
7/27/22	Democratic Party of Wisconsin	\$1059.38
	Check if: In-Kind Loan	
	Check if: In-Kind Dan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if:	
	Check if: In-Kind Loan	
·	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	CURTOTAL CONTRIBUTIONS (Transferedn) THIS PAGE	,105950

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | \$

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page	of

	Outer moon		
Complete Con	militee Name MONS FOROFFICE or completing schedules are on the back of each schedules		
Instructions f	or completing schedules are on the back of each schedules	dule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
	NA	ν	
	NT		
			٨
	s 0		
	_		
	\$		

TOTAL OTHER INCOME \$

DISBURSEMENTS Gross Expenditures

Page ___ of ___

SIMMONS POR OFFICE

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

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
7/27/83	Happenings Magazine Check if: 1 In-Kind Offset	1420 63rd St. Kenspe Wi 33143 Advertisement	8745
8/2/02	Fast Signs Check if: 1 In-Kind Offset	7535 Pershing Blud. Kensly, W. 53142 Magnets	9 158.25
		113/15/	
8/1/2		Pleasant Priarie, Wi	812
	Check if: In-Kind Offset	2000	
9/2/00	Square Space Inc	Online James accord	\$ 92
9/2/22	Act Blue Check if: 1 In-Kind Offset	Online Processing Free	\$41.30
9/2/22		22nd Avenue trovela Kanosha Wi experse	\$162
	Check if:		
	Check if:		

TOTAL UNITEMIZED EXPENDITURES

\$ 1210.55

\$ 1210.55

TOTAL EXPENDITURES

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of	
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Complete Commi				
SIM	LONS, FOR OFFICE			
Instructions for completing schedules are on the back of each schedule.				
Date	Full Name, Mailing Address and Zlp Code	Amount	Y-T-D Total	
			7000	
7,	Democratic Party of Wiscensin Check if: In-Kind I Loan	1059 58	1 6 58	
7/27/22		1059,58	1057-00	
1 100	Check if: In-Kind Loan			
	No.			
	Check if:	-		
	Check if: In-Kind Loan			
	Check if:			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Oriectii. [4] III-turu [4] Coan			
	Check if: In-Kind Loan			
	Check If: I In-Kind Loan			
		1		
	Check if: In-Kind Loan			
		1,79'00	1. sack	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 1051,00	1001.00	

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$ 1057.58 1057.58

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page.	of
i ugu	

Complete Co	ommittee Name	_				
21	MUMONS ROR OFFIC	E				
Instructions	for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumula T	ative Payments his Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	MIA					
8	VVFC	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				
		(value of Bobt (valposo)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor				1	
/ /						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /	3					
		Nature of Debt (Purpose)				
			T I			Ť
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 ITEMIZE	O OBLIGATIONS THIS	PAGE	\$	Ø
		тот	AL ITEMIZED OBLIGA	TIONS	\$	0
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS	\$	0

TOTAL INCURRED OBLIGATIONS \$



Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

age	 of	

Somplete Committ	mons for offict								
nstructions for o	completing schedules are on the back of each full Name, Mailing Address and Zip Code of Loa	ach schedule.	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period			
ist All Endorsers	or Guarantors (if any)								
Full Name, Mailing of Guarantor	g Address and Zip Code	Occupation Amount Guarantee \$	d Outstanding						
Full Name, Mailing Address and Elp Code		Occupation	Occupation						
of Guarantor		Amount Guarantee	ed Outstanding						
ŀ	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			
Date / /									
List All Endorsers	s or Guarantors (if ariy)								
of Guarantor		Amount Guarante	Amount Guaranteed Outstanding						
Full Name, Mailing Address and Zip Code of Guarantor		Occupation							
		Amount Guarante	Amount Guaranteed Outstanding						
Full Name, Mailing Address and Zip Code of Loan Source		oan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Perio			
Date / /									
List All Endorse	rs 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 LO	ANS THIS PAGE	s 0			
					ANDING LOANS	\$ 0			