	FINANCE REPORT TTEES OF WISCON		DEC	EIVEN	
Is This Report an Amendment: Yes					
Instructions for completing schedules are on the back	of each schedule.		00		
COMMITTEE IDENTIFICATION			The state of the s	PM AR	
SIMMONS FOR OFFI	CE		CO	DUNTY CLERK	
Street Address 1460 674h StrEET			OFI	FICE USE ONLY	
City, State and Zip Code Kell OSHA, WI S3	143				
Please check if address is different than previously reported, and	complete the Campaign Regi	stration State	ment in the b	ack of this form.	
NAME OF REPORT					
January Continuing Pre-Primary July Continuing September Continuing Pre-Election	Spring F	all [Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colur Calei	ndar		
1. RECEIPTS		Year-T	o-Date		
1A. Contributions (Including Loans) from Individuals	\$ 1237	\$ 14	72		
1B. Contributions from Committees (Transfers-In)	\$ 376.24	\$ 143	35,82		
1C. Other Income and Commercial Loans	٥ر * *	\$	0		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1613,24	\$ 129	07.82		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 2557,00	\$ 791	عال عار		
2B. Contributions to Committees (Transfers-Out)	\$ 376,24	\$ 1439	5,82		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2933,24	\$ 939	1.98		
CASH SUMMARY	<i></i>				
Cash Balance Beginning of Report	\$ 1320.05				
Total Receipts	\$ 1613,24				
Subtotal	\$ 2933,29				
Total Disbursements	\$ 2933.24	1			
CASH BALANCE END OF REPORT	\$.05				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0				
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.					
Type or Print Name of Candidate or Treasurer Sign	nature of Candidate or Treasurer		Date:	0131122	
1 W C S 1 1 2 1 2 2 2 2 2 1 1 1 1 1 0 0 1	Mrs. Will- Dr.	masia	Daytime I	(200029 7/22	
	V 1				

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.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page	of

SFM		E		
Instructions for Date	completing schedules are on the back of each sci Full Name. Mailing Address and Zip Code Of Contributor	nedule Cocupation of year-to-date total exceeds \$200,	Amount of Contribution	Y-T-D Total
9/14/20	Wollie Br Roger, 13 Kentwood DR. Raciner Wi Check II. [In-Kind [Lean] Conduct - Ethics 10#	8 -M/A -	\$100	Boo
10/20	Dovil Sumerall Racine, Pi Chacked Dien Conduct - Ethics ID#	-N/A-	\$22	122
143/20	Richard Paula Gallo 8036 18th Anne Kernshood Wi 53143 Check It In-Kind Lozal Conduit - Ethics 1000	Refine	\$50	\$50
10/3/22	Check if In-Kind I Loan Conduit - Ethics ID#	NA	\$15	\$15
143/22	Sally Simpson 8427 43 mol Auce Kensha Wi 53/42 Check if The-Kind Those Conson-Einstein	Defrel 	\$ 50	50
10/10/22	Paul Roochnik 10528 Farnham Dx Bethesda, MD 20814	PNA	\$100	\$100
10/20/	Check if In-Kind Loan Conduit - Ethics ID#	Political	\$120	\$120
		L ITEMIZED CONTRIBUTIONS THIS PAGE	8 457	557
	SUBTUTA	TOTAL ITEMIZED CONTRIBUTIONS		
	TOTAL AND	DNYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
	TOTAL CONTRI	BUTIONS RECEIVED FROM INDIVIDUALS	457	557

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

SIMMONS FOR OCC | CE

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

Tyshawa Bong w - N/A - \$55 \$16 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		r completing schedules are on the back of each scl			
Check II Must half Conditional Education 9/27 John Must half 722 Ist Aue Kussch, D. 53143 Check II Gin-Road Closef Condut - Education 9/3/20 Steph the total 8/25 John J. P. 1224a 5303 4324 Aue Prince J. J. Sollin J. P. 1224a 5303 4324 Aue Check II Gin-Road Closef Condut - Education 10/3/20 Dk. Dornal 4th Wrick 10/3/20 Dk. Dornal 4th Wrick 10/3/20 John J. P. 1224a 5303 4324 Aue Prince J. J. Sollin 10/3/20 Dk. Dornal 4th Wrick 10/3/20 Dk. Dornal 4th Wrick 10/3/20 John J. P. 1224a 5303 4324 Aue Prince J. J. Soll Jan Check II Gin-Road Closef Condut - Education 10/3/20 John J. P. 1224a 1	Date		Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
9/27/29 John Muer haff 7220 John Aug Kussah, W. 53143 Checkit Gindro Gloor Condut - Ethica 128 9/13/20 316 Schrift Unit 333 Checkit Gindro Gloor Condut - Ethica 128 Parally Sold Aug Checkit Gindro Gloor Condut - Ethica 128 10/3/20 April 100 5344 Checkit Gindro Gloor Condut - Ethica 128 10/3/20 April 100 Gloor Condut - Ethica 128 Subtotal Itemized Contributions this page Total anonymous Contributions 310 OR LESS TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	10/22/22	Tyshawa Pompus HUS leth Ave. Art 204 Kewish W. 53140 Check if: [In-Kind [Loan] Conduit - Ethics ID#	-N/A-	\$5	8 15
9/13/20 Gary Wirch Substitute 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9/25/22	7:220 Ist Ave Kuush, Wi 53143	tN/A-	\$100	\$100
Check IF [In-Kind [Loan] Conduit - Ethics ID#] O 3 27 Style Weak NA Style NA	9/13/2	Gary Wirch 1 316 56th \$ Unit 363 Kennsta W 5340	-W/A-	\$ 25	\$25
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OF \$50 OF \$100 OF \$1	193/22	nensheb) 53144	Driver Alduna	125	\$50
Check if: In-Kind I Loan Conduit - Ethics ID# O (5/9) PICA SANT PYAN RIGINE SUBTOTAL ITEMIZED CONTRIBUTIONS \$ 405 540 TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	13/22	DK. Donal Lt. Wruck Texry 8815 Lake Shore Dr. Pless art Prairie, W: 5314 Check If: 10 In-Kind 10 Loan Conduit - Ethics ID#	- N/A-	\$50	\$50
Check if: In-Kind Loan Condult - Ethics ID# SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS * 962 1097 TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	10/15/22	Check if: In-Kind Loan Conduit - Ethics ID#	-N/A-	\$100	\$100
TOTAL ITEMIZED CONTRIBUTIONS \$ \$ 42 1097 TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$	10 (15/29)	23128	-N/A	\$/00	\$200
TOTAL ITEMIZED CONTRIBUTIONS \$ \$ \$ 10 97		SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 404	540
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$		335,3176			
The second secon				\$ 862	1097

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ____

STAMONS FOR OFFICE

Instructions for Date	r completing schedules are on the back of each sch Full Name, Mailing Address and Zip Code Of Contributor	nedule. Coccupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/5/22	Market + Rosalie B. Villano - 8630 La Les herre De 7100 and Prairie, U, 5315P Check if: [In-Kind [Loan] Conduit - Ethics ID#	-N/A-	\$50	02R
10/9/20	Peter Show Johnson Po Box 1866 Kenshow: 5314/ Check If: @In-Kind @Loan@Conduit-Ethics ID#	-NA-	\$75	\$ 75
146/22	UAWWISCONSTANTE POLITICAL ACTION COMMITTE (PAC) 1795 LATAYETTE STREET THNESVILLE, WI 53546 Check if: In-Kind [Loan] Conduit - Ethics ID#		9250	FIST
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			<u>u</u>
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check If: In-Kind Loan Conduit - Ethics ID#	ITEMIZED CONTRIBUTIONS THIS PAGE	s 37.5	375
SUBTOTAL TIEMIZED CONTRIBUTIONS THIS PAGE			. 1927	1497

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

1237 1472

1937 1472

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Stmmms FOL OFFICE

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
9/19/22	Democratic Party Of Wis (DPW) 15N Pinckney Surta 200 Madison W. 53703 Check if: In-Kind II Loan	8120.3)
10/3/22	Denveral Party Of Wis (DAW)	\$123.42
10/24/22	Check if: In-Kind I Loan Check if: In-Kind I Loan	\$130.5)
,		
	Check if:	
	Check if: In-Kind Loan	
	Check if:	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	 376.24 376.24
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$ 376.24

RECEIPTS

Page	of
1 090	

SCHEDI	Other Inco	me and Commercial Loans	Page of
Complete Cor	nmittee Name		
Instructions	nmittee Name N. Mo. a. IS FOX OFFICE for completing schedules are on the back of each sche	adula	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
	- N/A-		
5			

SUBTOTAL OTHER INCOME THIS PAGE	\$	0	
TOTAL ITEMIZED OTHER INCOME	\$	0	
TOTAL OTHER INCOME	s	0	

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name
STMMONS FOR OFFICE

STIM	MONS Policy of each schedule		
Instructions for o	completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
9/23/22	Copy Center 5036 6 th Mrs. Kenwala Wi 53140	Abrect seneat Downknockers	\$142,43
9/29/22	Check if: I In-Kind Oriset Copy Center 51300 (#LANCO 153146	Note the factor	\$359.76
[0]5/23	Kensher Union Club 3036 39 Ha Aug Kensher Wil 53144	SPACE RENTAL	\$30.00
10/5/2	Copy Center 5836 Lith Ave Check if: I In-Kind Offset	poor knockers Lateraturat	H83.19
10/19/22	HARRENINGNEWS	Advertisement	\$243
10/24/2	= al-nak Rust All	Advertisement	\$100
11/24/2	ELCE/RONK Board AD	Adventisement	\$1000
11/24/2	PACEBOOLBOOSTAD	Advertisement	\$100
		STOTAL ITEMIZED EXPENDITURES THIS PAGE	1558.38
		TOTAL ITEMIZED EXPENDITURES	\$
		TOTAL UNITEMIZED EXPENDITURES	
		TOTAL EXPENDITURE	s s 1558,35

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name

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, Malling Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/11/2	HALLAND CIAKKE 1326 WILLOWED MT PLEASANT UIS3177 Check if: 11 In-Kind Offset	orner checks	24
10/17/22	LOWES LESOU GREENBAYED. Check if: I In-Kind Offset	901ES ROK Political	15,73
10/5/22	CORUS CENTER 5038 Leth AUE KENUSHA WI 53140 Check if: 1 In-Kind Offset	DOURKHOCKERS	476
9/14/20	SQUALE SPACE INC. Check if: 1 In-Kind Offset	ADVANTISCHENT BOUST	252
10/ 12	ACT BLUE Check if: In-Kind Offset	ONTINE PROCESSING	9,69
10/20/20	South East LABOR TIMES GOO TOTH PLACE KENOSHA WI 53140 Check if: In-Kind Offset	PoliticAL AD	\$120
10/343	Low Perines GAS STATI 2 GOOT 22nd ANCI Check it: 1 In-Kind Offset	ST GAS	\$41.20
	Check if: □ In-Kind Offset	The state of the s	on a

. 998.62	SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	
\$	TOTAL ITEMIZED EXPENDITURES	
\$	TOTAL UNITEMIZED EXPENDITURES	
.2557.00	TOTAL EXPENDITURES	

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

D	-6	
Page	of	

Complete Committee Name		
SIMMONS	FOX OFFICE	

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

Instructions for completing screenies are on the back of each screenie.						
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total			
9/19/02	Democratic Party of WISCONSTN ISN DINCKNEY SIPITE 200 MADISON, WIS3703 Check if: In-Kind I Loan	\$ 122.31	\$ 122.3			
10/3/28	DEMOCRATIC PHRTY OF WISCONSAN	123.42	\$ 123.42			
10/24/2	DEMOCKATIC PAKTY OF WISCONSIN	130.5	\$130.51			
,	Check if: In-Kind Loan	-				
	Check if:					
	Check if:					
	Check if:					
	Check if:					
	Check if:		,			
	Check if: ☐ In-Kind ☐ Loan					
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 374.2	374.24			

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



Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page	of	
5-	 _	

Complete Committee Name		
The second state of the second	0 - 001	
STAMONS	LX6 THICE	
CHIMMOND	100 000	90

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

11100100000110	Tot completing correction are all					
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulat Thi	ive Payments s Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	-N/A-	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
I I		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)	1			
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 1						
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)				1
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)	1			IV.
Date	Full Name, Mailing Address and Zip Code of Creditor					
<i>i I</i>		Nature of Debt (Purpose)	I			
		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE	\$	0
		TOT	TAL ITEMIZED OBLIGA	TIONS	\$	0
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	RLESS	\$	0
		тот	AL INCURRED OBLIGA	TIONS	\$	0



Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

D	of	
rage	OI	

Complete Committee Name	FOR OFFICE
21.0	CAC OCLIGE
OTMMON	HOK OFFICE

Date	Full Name. Mailing Address and Zip Code of Loan S	ource	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
1 1							
List All Endorse	ers or Guarantors (If any)						
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Ma of Guarantor	illing Address and Zip Code	Occupation					
of Galario		Amount Guarante	ed Outstanding				
	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 Endors	sers or Guarantors (if any)						
Full Name, Mi of Guarantor	ailing Address and Zip Code	Occupation					
		Amount Guarante	eed Outstanding				
Full Name, Ma	ailing Address and Zip Code	Occupation	Occupation				
		Amount Guarante	eed Outstanding			.,	
	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 Endor	sers or Guarantors (if any)						
Fuil Name, M of Guarantor	lailing Address and Zip Code	Occupation					
	Amount Guaranteed Outstanding S						
Full Name, M of Guarantor	tailing Address and Zip Code	Occupation					
		Amount Guarant	teed Outstanding				
			SUBTOTAL	OUTSTANDING LO	ANS THIS PAGE	\$ 0	
					ANDING LOANS		