# CAMPAIGN FINANCE REPORT
# LOCAL COMMITTEES OF WISCONSIN

Received
AUG 31 2020
Sandra L. Juno - Brown County Clerk

**Is This Report an Amendment:** ☐ Yes ☒ No

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

**OFFICE USE ONLY**

## *COMMITTEE IDENTIFICATION*

Name of Committee: Cheryl Berkan for Register of Deeds

Street Address: 517 12th Ave

City, State and Zip Code: Green Bay WI 54303

**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 20 ☐ Pre-Election _____

☐ Termination Report *also complete Schedule 4*

| *SUMMARY OF RECEIPTS AND DISBURSEMENTS* | Column A This Period | Column B Calendar Year-To-Date |
|---|---|---|
| **1. RECEIPTS** | | |
| 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 | $ ~~100.00~~ | $ 315.23 |
| 2B. Contributions to Committees (Transfers-Out) | $ 100.00 | $ 100.00 |
| **TOTAL DISBURSEMENTS** (Add totals from 2A and 2B) | $ 100.00 | $ 415.23 |

| *CASH SUMMARY* | |
|---|---|
| Cash Balance Beginning of Report | $ 522.43 |
| Total Receipts | $ ~~100.00~~ |
| Subtotal | $ 522.43 |
| Total Disbursements | $ 100.00 |
| **CASH BALANCE END OF REPORT** | $ 422.43 |
| **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.*

Type or Print Name of Candidate or Treasurer: Cheryl Berkan

Signature of Candidate or Treasurer: Cheryl Berkan Date: 8-31-20

Email: cherylberkan@gmail.com Daytime Phone: 920-471-9110

**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 ~~2-A~~** 2B

# DISBURSEMENTS
## Gross Expenditures



Complete Committee Name
Cheryl Berken for Register of Deeds

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 | YTD |
|---|---|---|---|---|
| 8-26-20 | Friends of Eric Wimberger PO Box 2741 Madison WI 53701 Check if: ☒ In-Kind Offset | Campaign donation #0105594 | 100.00 | 100. |
| | 311 S. Jefferson St. G.B. WI 54301 Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | |
| | Check if: ☐ In-Kind Offset | | | YTD |

| | | |
|---|---|---|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | $ 100.00 | 100. |
| TOTAL ITEMIZED EXPENDITURES | $ | |
| TOTAL UNITEMIZED EXPENDITURES | $ | |
| TOTAL EXPENDITURES | $ 100.00 | 100.00 |

*****End of Report*****

Received
SEP - 3 2020
Sandra L. Juno - Brown County Clerk

# Campaign Finance Report—Statement of No Activity

State of Wisconsin

**Note:** Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

## SECTION A: REGISTRANT INFORMATION

**A1. Name of Committee/Conduit (in full)**
Friends of Todd Delain

| A2. Committee/Conduit ID Number (if applicable) | A3. Email | A4. Phone |
|---|---|---|
| | friendsoftoddelain@gmail.com | (920) 265-3834 |

| A5. Mailing Address | A6. City | A7. State | A8. Zip |
|---|---|---|---|
| 3838 Conard Road | New Franken | WI | 54229 |

## SECTION B: REPORT INFORMATION

**B1. Report Type (Choose One)**

- ☐ January Continuing
- ☐ July Continuing
- ☐ Spring Pre-Primary
- ☐ Spring Pre-Election
- ☐ Fall Pre-Primary
- ☒ September
- ☐ Fall Pre-Election
- ☐ Special Pre-Primary
- ☐ Special Pre-Election
- ☐ Special Post-Election

**B2. Special Election Date (if applicable)**

**Reporting Period**

*The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.*

*Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar*

**B3. Reporting Period Start Date**
July 1, 2020

**B4. Reporting Period End Date**
August 31, 2020

**Party and Legislative Campaign Committees Only**

**B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)**

- ☒ General Fund
- ☐ Segregated Fund

## SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

**Filing Exemption**

*Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than $2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.*

**C1. Exemption Request and Affirmation**

- ☐ Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.
- ☒ No, this registrant is not requesting exemption

## SECTION D: CERTIFICATION

*I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).*

**Authorized Representative**

| D1. Printed Name | D2. Signature | D3. Date |
|---|---|---|
| Todd J. Delain | Todd J Delain | 9-1-20 |

CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE
STATE OF WISCONSIN



**Note**: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

**Is this report an amendment?** ☐ Yes ☐ No

Office Use Only

Received SEP 22 2020 Sandra L. Juno - Brown County

## COMMITTEE IDENTIFICATION

| | |
|---|---|
| Committee Name | MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT |
| Mailing Address | 2444 BABCOCK RD ASHWAUBENON, WI 54313 |
| Email | |
| Daytime Phone | 920.492.2302 |

## FILING PERIOD

☐ January Continuing ☐ Spring Pre-Primary ☐ Fall Pre-Primary ☐ Special Pre-Primary
☐ July Continuing ☐ Spring Pre-Election ☑ September ☐ Special Pre-Election
☐ Fall Pre-Election ☐ Special Post-Election

Report Year: 2020

Is this a Termination Report? ☐ Yes ☑ No

## SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

| | This Period | Year-to-Date | Office Use Only |
|---|---|---|---|
| **Beginning Cash On-Hand** | 1,355.74 | | |
| **1. Money Received** | | | |
| 1-A. Monetary Contributions from Individuals | $ — | 3,680.00 | |
| 1-B. Monetary Contributions from Committees (Transfers-In) | $ — | 100.00 | |
| 1-C. Other Income and Commercial Loans | $ .02 | .92 | |
| *Total Monetary Receipts* | $ .02 | $ 3,780.92 | |
| **2. Money Spent** | | | |
| 2-A. Gross Monetary Expenditures | $ 0.00 | 2,510.16 | |
| 2-B. Monetary Contributions to Committees (Transfers-Out) | $ — | — | |
| *Total Monetary Disbursements* | $ — | $ 2,510.16 | |
| **Ending Cash On-Hand** | $ - | | |

## SUMMARY OF OUTSTANDING DEBTS

| | | | |
|---|---|---|---|
| 3-A. Incurred Obligations (Unpaid Bills) | $ — | | |
| 3-B. Outstanding Loan Balance | $ — | | |

## SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY

| | | | |
|---|---|---|---|
| 1-D. In-Kind Contributions Received | $ — | — | |
| 2-C. In-Kind Contributions Made | $ — | — | |

*I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.*

Patrick Moynihan — PATRICK W. MOYNIHAN, JR. — 09/21/20

Signature of the candidate or treasurer — Print Name — Date

**SCHEDULE 1-A**

# RECEIPTS
## Contributions (Including Loans) From Individuals



Complete Committee Name: MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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 |
|---|---|---|---|---|
| | NA<br>Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |
| | Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# | | | |

| | | |
|---|---|---|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | $ — | — |
| TOTAL ITEMIZED CONTRIBUTIONS | $ — | — |
| TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS | $ — | — |
| TOTAL CONTRIBUTIONS | — | — |

**SCHEDULE 1-B**

# RECEIPTS
## Contributions from Committees
## (Transfers-In)



Complete Committee Name
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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 |
|---|---|---|---|
| | N A<br>Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | Check if: ☐ In-Kind ☐ Loan | | |
| | | SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE | $ — |
| | | TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | $ — |

**SCHEDULE 1-C**

# RECEIPTS
## Other Income and Commercial Loans



Complete Committee Name
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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

| Date | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
|---|---|---|---|
| 07/31 20 | NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301 | CAMPAIGN CHECKING ACCOUNT INTEREST | .01 |
| 08/31 20 | NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301 | CAMPAIGN CHECKING ACCOUNT INTEREST | .01 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|---|---|
| SUBTOTAL OTHER INCOME THIS PAGE | $ .02 |
| TOTAL ITEMIZED OTHER INCOME | $ .02 |
| TOTAL OTHER INCOME | $ .02 |

**SCHEDULE 2-A**

# DISBURSEMENTS
## Gross Expenditures



Complete Committee Name: MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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 |
|---|---|---|---|
| | NA<br>Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |

| | |
|---|---|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | $ — |
| TOTAL ITEMIZED EXPENDITURES | $ — |
| TOTAL UNITEMIZED EXPENDITURES | $ — |
| TOTAL EXPENDITURES | $ — |

**SCHEDULE 2-B**

# DISBURSEMENTS
## Contributions To Committees (Transfers-Out)



Complete Committee Name
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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 |
|---|---|---|---|---|
| | NA<br>Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ Loan | | | |
| | Check if: ☐ In-Kind ☐ 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
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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<br>NA | | | | |
| | | 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 | $ — |

**SCHEDULE 3-B**

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



Complete Committee Name: MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

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 |
|---|---|---|---|---|---|
| / / | NA | | | | |

List All Endorsers or Guarantors (if any)

| Full Name, Mailing Address and Zip Code of Guarantor | Occupation / Amount Guaranteed Outstanding |
|---|---|
| | 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 |
|---|---|
| | 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 |
|---|---|
| | Occupation: |
| | Amount Guaranteed Outstanding: $ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation: |
| | Amount Guaranteed Outstanding: $ |

*****End of Report*****

| | |
|---|---|
| SUBTOTAL OUTSTANDING LOANS THIS PAGE | $ — |
| TOTAL OUTSTANDING LOANS | $ — |

Received
SEP 1 8 2020
Brown County Clerk
Sandra L. Juno

| **Campaign Finance Report**<br>Short Form ETHCF-2a | Ethics ID Number |
|---|---|

O Spring O Fall O Special Pre-Primary _____ O Continuing Report due Jan. 15, _____

O Spring O Fall O Special Pre-Election _____ O Continuing Report due July 15, _____

✓ Continuing Report due 4th Tues Sept., 20

Friends of Vander Leest
Name of Candidate or Committee (in full)

1616 9th Street, Green Bay, WI 54304
Address

920-737-0999
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

| Signature of Committee Treasurer or Candidate | Date | Email Address |
|---|---|---|
| John A. Vander Leest | 9/15/2020 | vanderleey@hotmail.com |



*****End of Report*****