

OK 4/20/2020 ✓

### 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.

CITY OF FITCHBURG  
MAR 30 2020  
RECEIVED  
OFFICE USE ONLY

#### COMMITTEE IDENTIFICATION

Name of Committee  
*FRIENDS of Shannon Strassman*

Street Address  
*5410 Nobel Dr Apt 204*

City, State and Zip Code  
*Fitchburg WI 53711-4966*

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
- July Continuing
- September Continuing
- Pre-Primary
- Pre-Election *2020*
- Spring
- Fall
- Special
- Termination Report  
*also complete Schedule 4*

#### 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   | \$ <i>3229.00</i> ✓     | \$ <i>3229.00</i> ✓                  |
| 1B. Contributions from Committees (Transfers-In)       | \$ <i>450.00</i> ✓      | \$ <i>450.00</i> ✓                   |
| 1C. Other Income and Commercial Loans                  | \$ <i>—</i>             | \$ <i>—</i>                          |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)  | \$ <i>3679.00</i> ✓     | \$ <i>3679.00</i> ✓                  |
| <b>2. DISBURSEMENTS</b>                                |                         |                                      |
| 2A. Gross Expenditures                                 | \$ <i>3632.26</i> ✓     | \$ <i>3632.26</i> ✓                  |
| 2B. Contributions to Committees (Transfers-Out)        | \$ <i>—</i>             | \$ <i>—</i>                          |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ <i>3632.26</i> ✓     | \$ <i>3632.26</i> ✓                  |

#### CASH SUMMARY

|   |                                |                |
|---|--------------------------------|----------------|
| Cash Balance Beginning of Report  | \$ <del><i>3679.00</i></del>   | <i>3679.00</i> |
| Total Receipts  | \$ <del><i>(3632.26)</i></del> |                |
| Subtotal  | \$ <i>3679.00</i>              |                |
| Total Disbursements   | \$ <i>3632.26</i> ✓            |                |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ <i>46.74</i> ✓              |                |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$ <i>—</i>                    |                |
| <b>LOANS</b> (Balance at the Close of This Period-3B)                   | \$ <i>—</i>                    |                |

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: *Krystal Strassman*  
 Signature of Candidate or Treasurer: *[Signature]* Date: *3/30/2020*  
 Email: *Kstrassman@yahoo.com* Daytime Phone: *6086459301*

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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

Complete Committee Name  
**FRIENDS of Shannon Strassman**

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 |
|---------|--|--|------------------------|-------------|
| 1/23/20 | James Baker<br>2518 Ryeland St<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                  |  | \$99.00                | \$99.00     |
| 1/22/20 | SARAH Schroeder<br>2622 MICA Rd<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                 |  | \$20.00                | \$20.00     |
| 1/22/20 | Shawn Mock<br>5658 Montedale St<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                 |  | \$200.00               | \$200.00    |
| 1/22/20 | DANIEL BAHR<br>3010 Armouth Greenway DR<br>#107<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# |  | \$100.00               | \$100.00    |
| 1/22/20 | Jon Mueller<br>2527 Ryeland St.<br>Fitchburg WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#                  |  | \$50.00                | \$50.00     |
| 1/22/20 | RITA HEURICKS<br>5655 Montedale St.<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#             |  | \$20.00                | \$20.00     |
| 1/22    | Kristal Strassman<br>86 pond view way<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#           |  | \$200.00               | \$200.00    |

|   |           |        |
|---|-----------|--------|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE     | \$ 689.00 | 689.00 |
| TOTAL ITEMIZED CONTRIBUTIONS                  | \$        | 689.00 |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS    | \$        |        |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$        | 689.00 |

Complete Committee Name  
FRIENDS OF SHANNON STRASSMAN

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 |
|--|--|--|------------------------|-------------|
| 1/22   | George Pangros<br>17 Leonard St<br>NY, NY 02211<br>Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#       |  | \$ 200.00              | \$ 200.00   |
| 1/22   | Josh strassman<br>86 Pond View Way<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#        |  | \$ 200.00              | \$ 200.00   |
| 1/22   | Shannan Wendt<br>729 Jennifer St.<br>MADISON, WI 53703<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#           |  | \$ 200.00              | \$ 200.00   |
| 1/22   | Anonymous - Cash<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#   |  | \$ 20                  | \$ 20       |
| 1/23   | Anonymous Cash<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#   |  | \$ 20                  | \$ 20       |
| 3/20/20  | Cheryl strassman<br>2534 S. Fish Hatchery Rd<br>MADISON WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# |  | \$ 200                 | \$ 200      |
| 3/20/20  | Dave strassman<br>2534 S. Fish Hatchery<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#   |  | \$ 200                 | \$ 200      |
| <b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>     |  |  | \$ 1040.00             | 1040.00     |
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>                  |  |  | \$ _____               |             |
| <b>TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS</b>    |  |  | \$ _____               |             |
| <b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b> |  |  | \$ 1040                | 1040.00     |

**Contributions (Including Loans) From Individuals**

Complete Committee Name \_\_\_\_\_

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 |
|--|--|---|------------------------|-------------|
| 3/20   | Tiffany <del>7373</del> PARRAS<br>Hazelwood DR<br>College Grove, TN 37046  |   | \$ 200                 | \$ 200      |
| 2/26   | Shannon Shrossman<br>5410 Nobel dr. Apt. 204<br>Fitchburg WI 53711   | Emergency Tech @<br>St. Mary's Hospital.<br>Fitchburg Alder | \$ 1300                | \$ 1300.00  |
|  | 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# _____ |   |                        |             |
| <b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>     |  |   | \$ 1500                | 1500.00     |
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>                  |  |   | \$                     |             |
| <b>TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS</b>    |  |   | \$                     |             |
| <b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b> |  |   | \$ 1500                | 1500.00     |

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

Complete Committee Name  
FRIENDS of Shannon Strassmiller

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

| Date   | Full Name of Committee, Mailing Address and Zip Code  | Amount of Contribution |
|--|---|------------------------|
| 3/16/2020  | Common Sense Independents PAC<br>3016 WOODS edge Way<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | \$400.00               |
| 2/24/20  | FRIENDS OF TOM CLAUDE<br>2583 NORWICH ST.<br>Fitchburg WI 53711<br>Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan             | \$50.00                |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
|  | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan  |                        |
| <b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>             |   | \$ <u>450.00</u>       |
| <b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b> |   | \$ <u>450.00</u>       |

**SCHEDULE 1-C**

**RECEIPTS**  
**Other Income and Commercial Loans**

Complete Committee Name

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 |
|------|---|----------------|--------|
|      |   |                |        |
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|      |   |                |        |



**SUBTOTAL OTHER INCOME THIS PAGE** \$

**TOTAL ITEMIZED OTHER INCOME** \$

**TOTAL OTHER INCOME** \$

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
FRIENDS of Shannon STRASSMAN

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

| Date      | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made                                 | Specific Purpose of Expenditure | Amount     |
|-----------|--|---------------------------------|------------|
| 3/13/20   | Unified Newspaper Group<br>P.O. Box 446<br>Dubuque, Iowa 52004-446<br>Check if: <input type="checkbox"/> In-Kind Offset  | Newspaper Ad                    | \$686.70   |
| 2/18/20   | Sprint Print<br>2790 S. Fish Hatchery Rd.<br>MADISON, WI 53711<br>Check if: <input type="checkbox"/> In-Kind Offset      | postcards                       | \$383.33   |
| 2/27/20   | Sprint Print<br>2790 S. Fish Hatchery Rd<br>MADISON WI 53711<br>Check if: <input type="checkbox"/> In-Kind Offset        | YARD Signs                      | \$371.85   |
| 3/13/20   | Wells Print & Digital<br>P.O. Box 1744<br>MADISON, WI 53701-1744<br>Check if: <input type="checkbox"/> In-Kind Offset    | Postcard                        | \$442.68   |
| 3/11/2020 | Wells Print & Digital<br>P.O. Box 1744<br>MADISON, WI 53701<br>Check if: <input type="checkbox"/> In-Kind Offset         | Digital work                    | \$70.00    |
| 3/19/20   | Wells Print & Digital<br>P.O. Box 1744<br>MADISON, WI 53701<br>Check if: <input type="checkbox"/> In-Kind Offset         | MAILER                          | \$1,177.70 |
| 3/3/20    | Carpenter Consulting LLC<br>5744 Barbara Dr.<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind Offset | Campaign                        | \$250.00   |
| 3/3/20    | Carpenter Consulting LLC<br>5744 Barbara DR<br>Fitchburg, WI 53711<br>Check if: <input type="checkbox"/> In-Kind Offset  | Campaign                        | \$250.00   |

|  |                      |
|--|----------------------|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 3,632.26          |
| TOTAL ITEMIZED EXPENDITURES              | \$ 3,632.26          |
| TOTAL UNITEMIZED EXPENDITURES            | \$ <u>          </u> |
| TOTAL EXPENDITURES                       | \$ 3,632.26          |

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

Complete Committee Name

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

| Date  | Full Name, Mailing Address and Zip Code                                  | Amount    | Y-T-D Total |
|---|--|-----------|-------------|
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
|   | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan |           |             |
| <b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>       |  | <b>\$</b> |             |
| <b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b> |  | <b>\$</b> |             |



**Incurred Obligations Excluding Loans  
ADDITIONAL DISCLOSURE**

Complete Committee Name

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<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | Full Name, Mailing Address and Zip Code of Creditor |   |  |                                 |   |
|             |   | Nature of Debt (Purpose)                  |  |                                 |   |
| Date<br>/ / | 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**

\$

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

Complete Committee Name

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

| Date<br>/ / | 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<br>\$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

| Date<br>/ / | 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<br>\$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

| Date<br>/ / | 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<br>\$ |

|  |                                     |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation                          |
|  | Amount Guaranteed Outstanding<br>\$ |

**SUBTOTAL OUTSTANDING LOANS THIS PAGE** \$

**TOTAL OUTSTANDING LOANS** \$