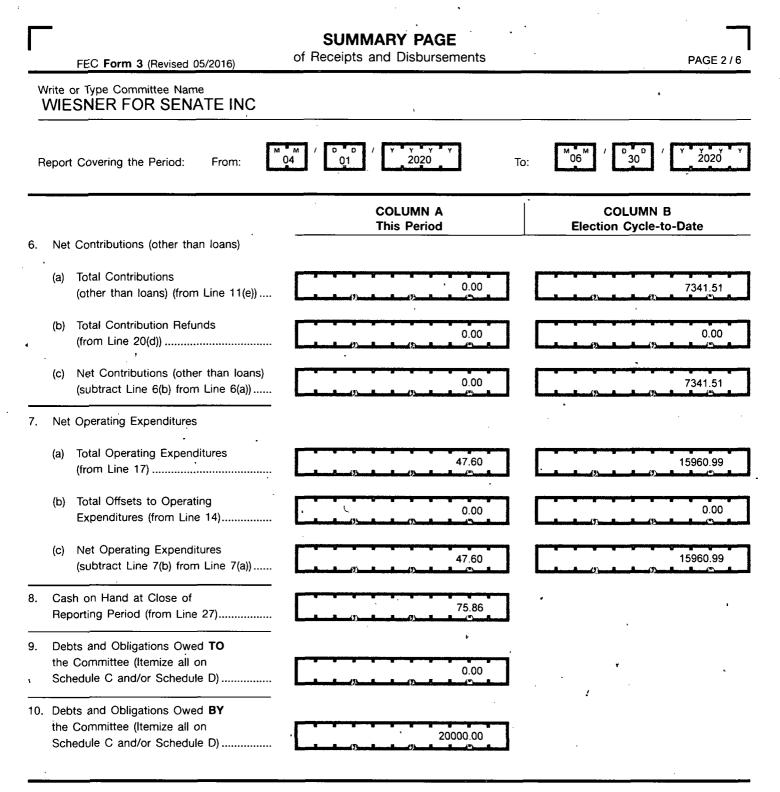
		and the second		PAGE 1 / 6
FEC FORM 3		RSEMENTS	RECE	
FORM 5	For An Authoria	zed Committee	21171 JI 10 ma	Use only 32
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
		n den honor a stadaran in a servici ya conserva ya ya wana ya sa	ternet i 54 angen egan	<ol> <li>Case is a fixed that is only the transition provide all them.</li> </ol>
ADDRESS (number and stre	eet)			
▼			······································	· · · · · · · · · · · · · · · · · · ·
Check if differen than previously			KS   6621	2 11 1
reported. (ACC)	· <b>I</b>			
2. FEC IDENTIFICATIO			STATE	ZIP CODE
				STATE ▼ DISTRICT
C C00563577		REPORT (N) OR	(A)	IKS I 00 I
4. TYPE OF REPOR	T (Choose One)		L	<u> </u>
(a) Quarterly Report	(b) 12	2-Day PRE-Election Report for the	: 	
		Primary (12P)	General (12G)	Runoff (12R)
April 15 Qua	rterly Report (Q1)	Convention (12C)	Special (12S)	
★ July 15 Quar	terly Report (Q2)			
October 15 0	Quarterly Report (Q3)			in the State of
January 31	/ear-End Report (YE) (c) 3(	D-Day POST-Election Report for th	ne:	
-	an taite a	General (30G)	Runoff (30R)	Special (30S)
Termination I		lection on	/ * * * * *	in the State of
	···   L			
· · · · · · · · · · · · · · · · · · ·				,,,,,
		• • • • • • • • • • • • • • • • • • •		<b>Y * Y * Y</b>
5. Covering Period	04 01 20	020 through 00	6 30	2020
		<u> </u>		
I certify that I have examined	ned this Report and to the best Herl, Kristy, M, ,	st of my knowledge and belief it is	true, correct and com	plete.
Type or Print Name of Tre	easurer			
1 (E. 1. 1)	Herl, Kristo, M.	1		
Signature of Treasurer	Party 1		Date Date L	
NOTE: Submission of false,	erroneous, or incomplete inform	ation may subject the person signin	∉ Ig this Report to the per	alties of 52 U.S.C. §30109.
Office		Provide provide state of the st	i i i	
Use Only	n an an an an Aurain an Aurain an Aurain an Augustair	ட வசிவேலை ஆயித்தத் சிற்திர்த்த ⊥		EC FORM 3 Revised 05/2016)
	<u> </u>		<u></u>	

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## For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

<u>vono-ox, vt, ok, contoonv</u>

FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 6
Write or Type Committee Name		
WIESNER FOR SENATE INC		
Report Covering the Period: From:	M M / D D / Y Y Y Y 04 01 2020 To	o: 06 / 30 / 2020
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FRC	DM:	
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	2250.00
(ii) Unitemized	0.00	70.00
(iii) TOTAL of contributions from individuals	0.00	2320.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	5021.51
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).	. 0.00	7341.51
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
(a) Made or Guaranteed by the Candidate	0.00	10000.00
(b) All Other Loans	. 0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING	-	
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	17341.51
(Carry Total to Line 24, page 4)		

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	D FEC Form 3 (Revised 05/2016)	ETAILED SUMMARY PAGE of Disbursements	PAGE 4
		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	47.60	15960.99
8.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
9.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		·····
	Than Political Committees	0.00	0.00
	<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees</li> <li>(auch on PACC)</li> </ul>	0.00	0.00
	(such as PACs) (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		0.00
21.	OTHER DISBURSEMENTS	· 0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	47.60	15960.99
	III. CASH SUN	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT		123.46
24	TOTAL RECEIPTS THIS PERIOD (from Line 16	6, page 3)	0.00
			123.46

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

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26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

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47.60

75.86

SCHEDULE C	(FEC	Form	3)
LOANS			

	PAGE 5
Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)

(check only one)	×	13a
		13b
0.0110.1110		

OF

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NAME OF COMMITTEE (In Full) WIESNER FOR SENATE INC		Transaction ID : SC/10.4143
LOAN SOURCE Full Name (Last, First, Mid WIESNER, PATRICK, , , Mailing Address 2717 ANN COURT	ddle Initial)	□ Memo Item       Election: 2016         ▼       Primary         General       Other (specify) ▼
City	State KS	ZIP Code 66046 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
TERMS     Date Incurred       M01M     / 26°     / ¥ 2016       List All Endorsers or Guarantors (if any) t	M M / D D	ite Due Interest Rate Secured: (If none, enter 0) / Y12/Y5/2016Y / Y12/Y5/2016Y / Yes X No
1. Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address		Name of Employer Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional).		
TOTALS This Period (last page in this line only	/)	► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC Schedule C (Form 3) (Revised 05/2016)

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					PAGE 6 OF 6
SCHEDULE C (FEC Form 3) LOANS			Use separate schedul for each category of Detailed Summary Pa	e(s) FOR LINE NUMBER:	
NAME OF COMMITTEE (In Full) WIESNER FOR SENAT	TE INC			Transa	ction ID : SC/10.4284
LOAN SOURCE Full Name (Last, First, Middle Initial) WIESNER, PATRICK, , ,			🗌 Memo Item	Election: 2016 Primary K General	
Mailing Address 2717 ANN COURT					Other (specify) ▼
City		State KS	ZIP Code	9	× Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To D	Date Bal	ance Outstanding at Close of This Period
TERMS Date Incurred	10000.00		Date Due	0.00	10000.00
M10 <sup>M</sup> / D25 <sup>D</sup> / Y	2016 Y			(If none, ente	r 0)
List All Endorsers or Guara	intors (if any) to	D Loan Source			· Yes ★ No
1. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation Amount	
City	State	ZIP Code		Guaranteed Outstanding:	
2. Full Name (Last, First, Mic	ddle Initial)			Name of Employer	
Mailing Address					
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mic	Idle Initial)			Name of Employer	······································
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period This F	<sup>o</sup> age (optional)			······ <b>Г</b>	10000.00
TOTALS This Period (last page	in this line only	)			
Carry outstanding balance only	to LINE 3. Sch	edule D. for this	s line. If no	Schedule D. carry for	ward to appropriate line of Summary.

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to ir	OMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 07-13-20
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next E	Business Day Delivery
Received from House Records & Registration Offic	Date of Receipt ce
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Conter (Specify):	ate of Receipt or Postmarked
PREPARER	08/17/20 DATE PREPARED
(3/2015)	