	PAGE 1/6
FEC FORM 3 REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee	RECEIVED MAIL CENTER Office Use Only
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
WIESNER FOR SENATE INC	
ADDRESS (number and street)	
Check if different	
than previously reported. (ACC)	
2. FEC IDENTIFICATION NUMBER ▼	
C C00563577 3. IS THIS REPORT (N) OR	AMENDED STATE ▼ DISTRICT (A) L
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q3)	in the State of
January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the	
☐ Termination Report (TER) (107 Election on Control of the second of t	Runoff (30R) Special (30S)
5. Covering Period 10 10 2019 through 12	
I certify that I have examined this Report and to the best of my knowledge and belief it is t Herl, Kristy, M, , Type or Print Name of Treasurer	rue, correct and complete.
Herl, Kristy, M., Typiety M. Herl	Date Date (13 (2020)
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing	
Use Only	FEC FORM 3 (Revised 05/2016)

2020-01-21-03-00807127

SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

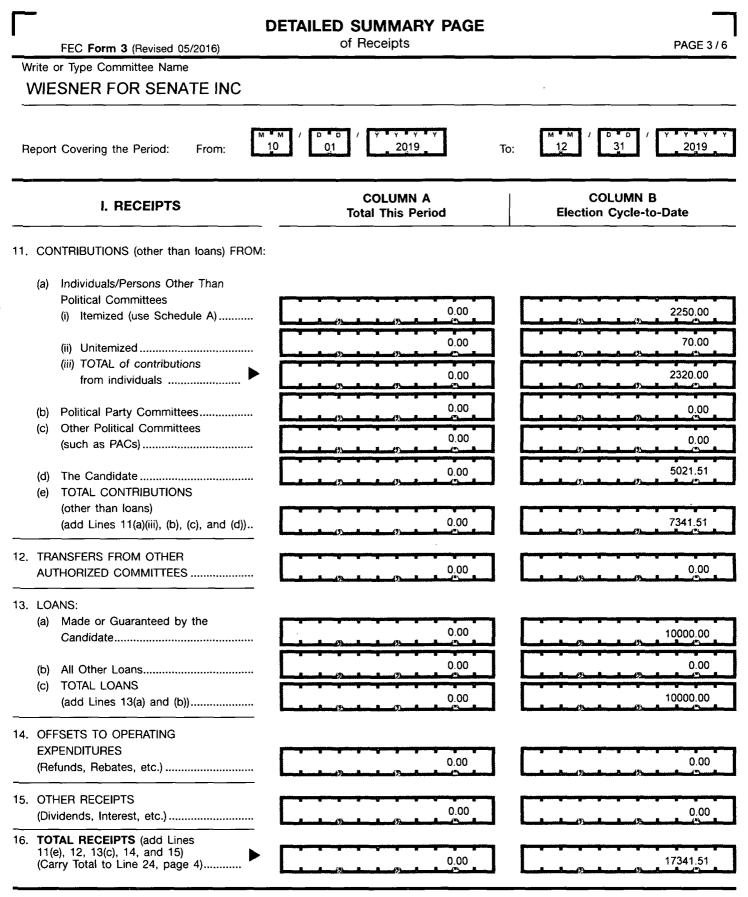
of Receipts and Disbursements

Write or Type Committee Name WIESNER FOR SENATE INC 2019 2019 10 01 . 12 To: Report Covering the Period: From: COLUMN A COLUMN B **This Period Election Cycle-to-Date** Net Contributions (other than loans) 6. **Total Contributions** (a) 0.00 7341.51 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 7341.51 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 7.00 15960.99 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 7.00 15960.99 (subtract Line 7(b) from Line 7(a)) 8. Cash on Hand at Close of 130.91 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 20000.00 Schedule C and/or Schedule D)

For further information contact:

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

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



2020-01-21-05-00507129

	FEC Form 3 (Revised 05/2016)	of Disbursements	PAGE 4/
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
7.	OPERATING EXPENDITURES	7.00	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 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) 	0.00 0.00 0.00	0.00 (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
).	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	 (b) Political Party Committees (c) Other Political Committees (such as PACs) 	0.00 0.00 0.00	0.00 0.00 0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	7.00	15960.99

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III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	137.91
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)	137.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	7.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	130.91

SCHEDULE C	(FEC Form	3)
LOANS		

SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 6 FOR LINE NUMBER: (check only one)		
NAME OF COMMITTEE (In Full) WIESNER FOR SENATE INC		Transactio	on ID : SC/10.4143		
LOAN SOURCE Full Name (Last, First, Mic WIESNER, PATRICK, , ,	ddle Initial)		Election: 2016 x Primary General		
Mailing Address 2717 ANN COURT			Other (specify)		
City	State ZIP Co KS 66046		x Personal Funds of the Candidate		
Original Amount of Loan 10000.00	Cumulative Payment To	Date Balance	e Outstanding at Close of This Period 10000.00		
TERMS Date Incurred		Interest Rate (If none, enter 0) 2/15/2016 ^Y 4.00			
List All Endorsers or Guarantors (if any) t 1. Full Name (Last, First, Middle Initial)	o Loan Source	Name of Employer			
Mailing Address	<u></u>	Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer	·		
Mailing Address		Occupation			
City State	ZIP Code	Guaranteed			
3. Full Name (Last, First, Middle Initial)		Name of Employer	<u> </u>		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	······································		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	% (apr) Yes X No yer yer yer yer ,		
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional).					
TOTALS This Period (last page in this line only	y)	····· L			
Carry outstanding balance only to LINE 3, Sci	hedule D, for this line. If	no Schedule D, carry forwar	rd to appropriate line of Summary.		

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

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SCHEDULE C (FEC Form 3) LOANS

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

PAGE 6 OF 6 OR LINE NUMBER:

×	13a
	13b

T.

	ME OF COMMITTEE (In Full) VIESNER FOR SENATE IN	IC				Transac	tion ID : SC/10.4284
	LOAN SOURCE Full Name (Last, First, Middle Initial) WIESNER, PATRICK, , , Mailing Address 2717 ANN COURT				[] M	lemo Item	Election: 2016 Primary General Other (specify) ▼
	City		State	ZIP Co	de		
			KS	66046			× Personal Funds of the Candidate
	Original Amount of Loan 10000	.00	Cumulative Pay	yment To	Date 0.00	Bala	nce Outstanding at Close of This Period 10000.00
	TERMS Date Incurred M10 ^M 25° 1 2016 List All Endorsers or Guarantors			Date Due		terest Rate none, enter 4.0	0)
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
	City State ZIP Code				Amount Guaranteed Outstanding:		
	3. Full Name (Last, First, Middle In	itial)	- I .		Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
	4. Full Name (Last, First, Middle In	itial)			Name of Emplo	oyer	
Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
s	UBTOTALS This Period This Page (optional).				► C	10000.00
Т	OTALS This Period (last page in this	i line only	/)				20000.00
6	Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.					carry form	vard to appropriate line of Summary

S. POSTAGE PAID Adeled Electrician Commission IN IS FILE OCOL 20463 Wash rigten De 7008 3230 0000 5659 571J PANALE DANGER しんこうし Queriand Parts 17 : "¥) E CE-(민지도) in wane **SCI** Site

2020-01-21-08-00M071MM

Federal Election Comr ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) している(ようの
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
JM	1/21/20
PREPARER (3/2015)	DATE PREPARED