

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

16 APR 20 AM 10:42

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)

6750 W 93RD SUITE 220

Check if different than previously reported. (ACC)

OVERLAND PARK

KS

66212

2. FEC IDENTIFICATION NUMBER

C00563577

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

ZIP CODE STATE DISTRICT

KS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the State of

State

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 03 / 31 / 2016

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 Treasurer Kristy M Herl

Signature of Treasurer

Kristy M Herl [Signature]

Date

MM / DD / YYYY 04 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

201604210200171306

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
WESNER FOR SENATE INC

Report Covering the Period: From:

M	M
01	

 /

D	D
01	

 /

Y	Y	Y	Y
2016			

 To:

M	M
03	

 /

D	D
31	

 /

Y	Y	Y	Y
2016			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	3500.00	3500.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	3500.00	3500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	5824.21	5824.21
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	5824.21	5824.21
8. Cash on Hand at Close of Reporting Period (from Line 27)...	9838.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	58000.00	

For further information contact:

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

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

201604210200171507

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

WIESNER FOR SENATE INC

Report Covering the Period: From:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y
2016	2016	2016	2016

 To:

M	M
03	31

 /

D	D
31	31

 /

Y	Y	Y	Y
2016	2016	2016	2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

1500.00

1500.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals .

1500.00

1500.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

0.00

0.00

(d) The Candidate.....

2000.00

2000.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

3500.00

3500.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

10000.00

10000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

13500.00

13500.00

201604210200171506

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	5824.21	5824.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. 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
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5824.21	5824.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2162.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	13500.00
25. SUBTOTAL (add Line 23 and Line 24)...	15662.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	5824.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	9838.01

201604210200171309

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

A. Full Name (Last, First, Middle Initial)
Elise Carter

Mailing Address 1000 80th Avenue

City State Zip Code
Norman OK 73026

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Norman Regional Hospital Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
02 / 23 / 2016

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Mona Pratt

Mailing Address 302 E Audene Drive

City State Zip Code
Stillwater OK 74075

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Premise Health RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
03 / 01 / 2016

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)
Mona Pratt

Mailing Address 302 E Audene Drive

City State Zip Code
Stillwater OK 74075

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Premise Health RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY
03 / 02 / 2016

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
500.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

1500.00

201604210200171310

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

A. Full Name (Last, First, Middle Initial)
PATRICK WIESNER

Mailing Address **2717 ANN COURT**

City **LAWRENCE** State **KS** Zip Code **66046**

FEC ID number of contributing federal political committee. **C S0KS00166**

Name of Employer **Wiesner & Frackowiak LC** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **01 / 26 / 2016**

Transaction ID : **SA11D.4105**

Amount of Each Receipt this Period **2000.00**

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

†
SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

2000.00

201604210200171311

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

A. Full Name (Last, First, Middle Initial)
PATRICK WIESNER

Mailing Address **2717 ANN COURT**

City **LAWRENCE** State **KS** Zip Code **66046**

FEC ID number of contributing federal political committee. **C S0KS00166**

Name of Employer **Wiesner & Frackowiak LC** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12000.00**

Date of Receipt
01 / 26 / 2016

Transaction ID : **SA13A.4108**

Amount of Each Receipt this Period
10000.00

Memo Item
 Candidate Loan

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

10000.00

201604210200171512

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

A. Cassaw Creative

Full Name (Last, First, Middle Initial)

Mailing Address 10607 W 50th Terrace

City Shawnee State KS Zip Code 66203

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM / DD / YYYY 02 / 15 / 2016

Amount of Each Disbursement this Period 920.00

Memo Item

Transaction ID : SB17.4122

B. Cassaw Creative

Full Name (Last, First, Middle Initial)

Mailing Address 10607 W 50th Terrace

City Shawnee State KS Zip Code 66203

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM / DD / YYYY 03 / 02 / 2016

Amount of Each Disbursement this Period 1695.00

Memo Item

Transaction ID : SB17.4124

C. Colby Free Press

Full Name (Last, First, Middle Initial)

Mailing Address 155 W 5th Street

City Colby State KS Zip Code 67701

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement MM / DD / YYYY 02 / 01 / 2016

Amount of Each Disbursement this Period 247.50

Memo Item

Transaction ID : SB17.4118

SUBTOTAL of Disbursements This Page (optional)..... 2862.50

TOTAL This Period (last page this line number only).....

201604210200171313

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

Full Name (Last, First, Middle Initial) A. Lawrence Journal World		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address PO Box 888		Amount of Each Disbursement this Period 699.30
City Lawrence	State KS	Zip Code 66044
Purpose of Disbursement Advertising	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Transaction ID : SB17.4113	

Full Name (Last, First, Middle Initial) B. State of Kansas		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 915 SW Harrison Street		Amount of Each Disbursement this Period 1765.00
City Topeka	State KS	Zip Code 66612
Purpose of Disbursement Filing Fee	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Transaction ID : SB17.4125	

Full Name (Last, First, Middle Initial) C. State of Kansas		Date of Disbursement MM / DD / YYYY 03 / 16 / 2016
Mailing Address 915 SW Harrison Street		Amount of Each Disbursement this Period 40.00
City Topeka	State KS	Zip Code 66612
Purpose of Disbursement Annual Report	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Transaction ID : SB17.4127	

SUBTOTAL of Disbursements This Page (optional).....	2504.30
TOTAL This Period (last page this line number only).....	

201604210200171514

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
WIESNER FOR SENATE INC

Full Name (Last, First, Middle Initial)
A. The Hays Daily News

Mailing Address **507 Main Street**

City **Hays** State **KS** Zip Code **67601**

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	1	6

Amount of Each Disbursement this Period

\$	3	5	1	.	0	0
----	---	---	---	---	---	---

Memo Item

Transaction ID : **SB17.4116**

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

\$						
----	--	--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

\$						
----	--	--	--	--	--	--

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

\$	3	5	1	.	0	0
----	---	---	---	---	---	---

\$	5	7	1	.	7	8
----	---	---	---	---	---	---

201604210200171315

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

WIESNER FOR SENATE INC

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item

PATRICK WIESNER

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
2717 ANN COURT

City State ZIP Code
LAWRENCE KS 66046

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 26 / Y 2016 M M / D D / Y 12/31/2016 4.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	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 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 Page (optional)... ▶ 10000.00
TOTALS This Period (last page in this line only) .. ▶ 10000.00

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

201604210200171316

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Wiesner for Senate Inc

Transaction ID : SC/10.4107

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Patrick Wiesner

Primary
 General
 Other (specify) ▼

Mailing Address
2717 Ann Court

City State ZIP Code
Lawrence KS 66046

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 07 2014	12/15/2014	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	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 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 Page (optional)..... ▶ 2000.00

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.

201604210200171517

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

Transaction ID : SC/10.4108

NAME OF COMMITTEE (In Full)
Wiesner for Senate Inc

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]

Patrick Wiesner

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
2717 Ann Court

City State ZIP Code
Lawrence KS 66046

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
06	27 2014	12/15/2014	4.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	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 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 Page (optional)..... 40000.00

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.

201604210200171516

LOANS

For each category of the Detailed Summary Page

(check only one)

13b

NAME OF COMMITTEE (In Full)
Wiesner for Senate Inc

Transaction ID : **SC/10.4142**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

- Primary
- General
- Other (specify) ▼

Mailing Address
 2717 Ann Court

City: Lawrence State: KS ZIP Code: 66046

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
07	15 2014	12/15/2014	4.00 % (apr)	Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	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 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 Page (optional)...	6000.00
TOTALS This Period (last page in this line only)...	48000.00

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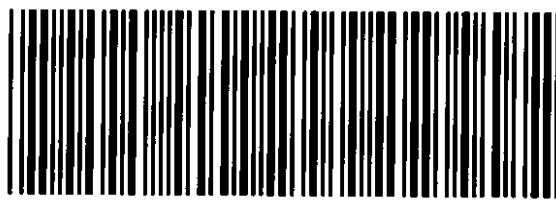
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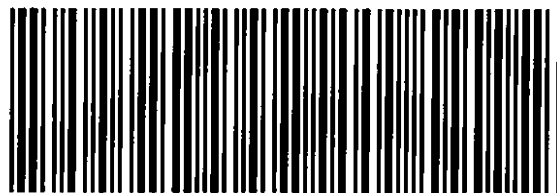
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