

RECEIVED

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

2015 JUL 23 P 4: 32

Is this report an Amendment? **YES** X NO

CITY OF MILWAUKEE  
ELECTION COMMISSION

**COMMITTEE IDENTIFICATION**

Name of Committee Friends of Milele Coggs

Address P.O. Box 224

City, State, ZIP Milwaukee, WI 53201

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported   X

**NAME OF REPORT** Jan 20\_\_ Continuing Pre-Primary 20\_\_ Spring Fall Special  
(Please circle) July 2015 Continuing Pre-election 20\_\_ Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

A. Contributions including Loans from Individuals

Column A

Column B

Audited Totals

This Period

YTD

Office Use Only

B. Contributions from Committees (Transfers-In)

C. Other Income and Commercial Loans

**TOTAL RECEIPTS** (Add totals from 1A, 1B, and 1C)

**1. DISBURSEMENTS**

A. Gross Expenditures

B. Contributions to Committees (Transfers-Out)

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

**CASH SUMMARY**

Cash Balance at Beginning of Report

Total Receipts

Subtotal

Total Disbursements

**CASH BALANCE AT END OF REPORT**

**INCURRED OBLIGATIONS** (at close of period)

**LOANS** (at close of period)

\$ 8,123.33

\$ -

\$ 8,123.33

\$ 350.00

\$ 7,773.33

\$ -

\$ 1,500.00

\$ -

\$ 110.00

\$ -

\$ -

\$ 699.18

\$ 350.00

\$ 699.18

*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

Signature of Candidate or Treasurer

Date 7/23/2015

Milele A. Coggs

*Milele A. Coggs*

Daytime Phone  
(414) 218-2639

||||

NOTE: The information on this form is required by ss. 11.06, 11.20, Wisconsin. Stats.

Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin. Stats.

*OK M*

✓















