

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

RECEIVED

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

2016 FEB - 8 P 4: 32

COMMITTEE IDENTIFICATION

Name of Committee

IRA ROBINS FOR ALDERMAN

Street Address

12430 WALNUT ROAD

City, State and Zip Code

WIM GROVE, WI 53122

CITY OF MILWAUKEE
ELECTION COMMISSION

OFFICE USE ONLY

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 2016 Pre-Primary 2016 Spring Fall Special Termination Report
 July Continuing _____ Pre-Election _____ also complete Schedule 4
 September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 200 ⁰⁰	\$ 200 ⁰⁰
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 200 ⁰⁰	\$ 200 ⁰⁰
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 1,670 ³⁰	\$ 1,670 ³⁰
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,670 ³⁰	\$ 1,670 ³⁰

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,645 ⁰⁰
Total Receipts	\$ 200 ⁰⁰
Subtotal	\$ 1,845 ⁰⁰
Total Disbursements	\$ 1,670 ³⁰
CASH BALANCE END OF REPORT	\$ 174 ⁷⁰
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 600 ⁰⁰

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	IRA B ROBINS	Signature of Candidate or Treasurer	Date: 2-7-2016
		Email	IRA.ROBINS@GMAIL.COM Daytime Phone: 414-305-8932

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.

Complete Committee Name
IRA ROBINS FOR ALDERMAN

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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
1-27-16	IRA B. ROBINS	CANDIDATE	2000	2000
	Check if: <input type="checkbox"/> In-Kind <input checked="" 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# _____			
	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# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 2000	2000
TOTAL ITEMIZED CONTRIBUTIONS	\$ 2000	2000
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 2000	2000

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
IRA ROBINS FOR ALDRAMAN

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-14-16	KRISTIN LAHMKUHL 12430 WALNUT RD. ELM GROVE, WI 53122 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	325.30
1-14-16	TIM DWYER 2715 N. PARK PLACE MILW. WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN WORK	100.00
1-27-16	SHERIDAN EXPRESS NEWS 207 E. BUFFALO ST. MILW. WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	ADVERTISING	1245.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 1,670.30

TOTAL ITEMIZED EXPENDITURES \$ 1,670.30

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 1,670.30