

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

REC'D

Is This Report an Amendment: Yes No

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

2013 JUL 22 PM 2:01

BD OF ELECT COMMISSIONERS
CITY OF MILWAUKEE

COMMITTEE IDENTIFICATION

Name of Committee: Annie Woodward For Education
 Street Address: 2450 N. 14th Street
 City, State and Zip Code: Milwaukee, Wisconsin 53206

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 Pre-Primary Spring Fall Special
 July Continuing 2013 Pre-Election Spring Fall Special
 Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 25.00	\$ 2270.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 25.00	\$ 2270.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 200.00	\$ 1521.49
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 200.00	\$ 1521.49

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1080.78
Total Receipts	\$ 25.00
Subtotal	\$ 1105.78
Total Disbursements	\$ 200.00
CASH BALANCE END OF REPORT	\$ 905.78
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 8287.62

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 <u>Virginia Dupriest</u>	Signature of Candidate or Treasurer <u>Virginia Dupriest</u>	Date: <u>July 22, 2013</u> Daytime Phone: <u>414-416-3900</u>
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name
Annie Woodward For Education

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
4/17/13	James Smith 2530 N. 4th Street Milwaukee, WI 53212		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 25.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 25.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 25.00

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/20/13	Magus Design Cons P.O. Box 1893 Milwaukee, WI 53261 Check if: <input type="checkbox"/> In-Kind Offset	Web site Set up	200.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 200.00

TOTAL ITEMIZED EXPENDITURES

\$ 200.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$ 200.00

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
Annie Woodward For Education

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Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
/ /		8287.62	0	0	8287.62
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$ 0

TOTAL ITEMIZED OBLIGATIONS

\$ 0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$ 0

TOTAL INCURRED OBLIGATIONS

\$ 0