

RECEIVED

2019 JUL -2 P 3: 38

CITY OF MILWAUKEE
ELECTION COMMISSION

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is this report an Amendment?

YES NO

COMMITTEE IDENTIFICATION

Name of Committee VOTE MATSON

Address 4901 W Blue Mound Rd

City, State, ZIP Milwaukee, WI 53208

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT	Jan 20 <input type="checkbox"/> Continuing	Pre-Primary 20 <input type="checkbox"/>	Spring <input type="checkbox"/>	Fall <input type="checkbox"/>	Special <input type="checkbox"/>
(Please circle)	<u>July 2019</u> Continuing	Pre-election 20 <input type="checkbox"/>	Spring <input type="checkbox"/>	Fall <input type="checkbox"/>	Special <input type="checkbox"/>

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

A. Contributions including Loans from Individuals

Column A
This Period

Column B
YTD

Audited Totals
Office Use Only

B. Contributions from Committees (Transfers-In)

\$ -

\$ -

C. Other Income and Commercial Loans

\$ -

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

\$ 30,000.00

\$ 30,000.00

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

\$ 1,706.11

Total Receipts

\$ 30,000.00

Subtotal

\$ 31,706.11

Total Disbursements

\$ -

CASH BALANCE AT END OF REPORT

\$ 31,706.11

INCURRED OBLIGATIONS (at close of period)

\$ -

LOANS (at close of period)

\$ 46,020.55

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

MARTIN MATSON

Signature of Candidate or Treasurer

Martin Matson

Date 7-2-19

Daytime Phone

414-909-3575

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 os 11.60, 11.62, Wisconsin. Stas.

