

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

RECEIVED

Is This Report an Amendment: Yes No

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

2015 JUL 23 P 3:56

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF G. SPENCER COGGS

Street Address

7819 W. POTOMAC AV.

City, State and Zip Code

MILWAUKEE, WISCONSIN 53222

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 Pre-Primary Spring Fall Special
 July Continuing 2015 Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 4282.25	\$ 4282.25
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 4282.25	\$ 4282.25

2. DISBURSEMENTS

2A. Gross Expenditures	\$ —	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ —	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3796.17
Total Receipts	\$ 4282.25
Subtotal	\$ 8078.42
Total Disbursements	\$ —
CASH BALANCE END OF REPORT	\$ 8078.42
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 G. SPENCER COGGS	Signature of Candidate or Treasurer <i>G. Spencer Coggs</i>	Date: 7-20-15
	Email: SPENCERCAGGS@GMAIL.COM	Daytime Phone: (414) 640-4033

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.



SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF G. SPENCER COGGS

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
4/2/15	G SPENCER COGGS 7819 W. POTOMAC AV MILW, WI 53222 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	MILW. CITY TREASURER CITY HALL, MILW. 200 E. WELLS Conduit Name: 53202	1982.25	1982.25
6/29/15	G. SPENCER COGGS 7819 W. POTOMAC AV MILW, WI 53222 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	MILW. CITY TREASURER CITY HALL, MIL 200 E. WELLS, 53202 Conduit Name:	2300-	4282.25
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) Conduit Name:	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 4282.25