

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

RECEIVED

Is This Report an Amendment: Yes No

2016 JAN 15 A 11: 24

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

CITY OF MILWAUKEE
ELECTION COMMISSION

COMMITTEE IDENTIFICATION

Name of Committee

IRAROBINS FOR ALDERMAN

Street Address

12430 WALNUT RD.

City, State and Zip Code

RLM GROVE, WI 53122

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 2014 SD Pre-Primary 2016 Spring Fall Special Termination Report
 July Continuing _____ Pre-Election _____ also complete Schedule 4
 September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1,945 ⁰⁰	\$
1B. Contributions from Committees (Transfers-In)	\$ -	\$
1C. Other Income and Commercial Loans	\$ -	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,945 ⁰⁰	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 300 ⁰⁰	\$
2B. Contributions to Committees (Transfers-Out)	\$ -	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 300 ⁰⁰	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 1,945 ⁰⁰
Subtotal	\$ 1,945 ⁰⁰
Total Disbursements	\$ 300 ⁰⁰
CASH BALANCE END OF REPORT	\$ 1,645 ⁰⁰
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	Signature of Candidate or Treasurer	Date:
LANA A. CUNNINGHAM	Lana A. Cunningham	1/14/16
	Email	Daytime Phone:

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

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

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
11-2-15	IRA B. ROBINS Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	CANDIDATE FOR ALDERMAN	100 ⁰⁰	100 ⁰⁰
11-2-15	ANDREW J. SHAW 947 N. 34 ST. MILWAUKEE, WI 53206 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ATTORNEY	100 ⁰⁰	100 ⁰⁰
11-2-15	CRAIG BERRY 7330 N. 76 ST. MILWAUKEE, WI 53223 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	TAXI OWNER	75 ⁰⁰	75 ⁰⁰
11-3-15	LANCE L. DOPKE 803 CHRYSLER CR. WATERTOWN, WI 53094 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	INSURANCE AGENCY OWNER	380 ⁰⁰	380 ⁰⁰
11-4-15	BORO BUZDUM 23160 PLYMOUTH RD. SUSSSEX, WI 53089 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	TAXI OWNER	395 ⁰⁰	395 ⁰⁰
11-4-15	IRA B. ROBINS Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	CANDIDATE FOR ALDERMAN	400 ⁰⁰	500 ⁰⁰
10-2-15	RAD BUZDUM 1027 N. 4TH ST. WATERTOWN, WI 53098 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	TAXI OWNER	395 ⁰⁰	395 ⁰⁰

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1,845 ⁰⁰	1,845 ⁰⁰
TOTAL ITEMIZED CONTRIBUTIONS	\$ 7	7
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ -	-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1,845 ⁰⁰	1,845 ⁰⁰

Complete Committee Name: IOA REBARS FOR ALDRMAN

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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
11-2-15	MARY L. WONDRAK 8145 W. WISCONSIN AVE WAUWATOSA, WI 53213 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	ATTORNEY	10000	10000
	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	\$ 10000	10000
TOTAL ITEMIZED CONTRIBUTIONS	\$ 10000	10000
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ -	-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 194500	194500

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
11-2-15	MARTIN ADVERTISING Check if: <input type="checkbox"/> In-Kind Offset	ADVERTISING ON SIDES OF TRUCK	27500
11-3-15	MILW. RECREATION COMMISSION Check if: <input type="checkbox"/> In-Kind Offset	CANDIDATE PACKET	2500
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$	30000
TOTAL ITEMIZED EXPENDITURES	\$	30000
TOTAL UNITEMIZED EXPENDITURES	\$	—
TOTAL EXPENDITURES	\$	30000