

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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2017 JUL 12 P 12:29

CITY OF MILWAUKEE
ELECTION COMMISSION

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION

Name of Committee Kovac for Alderman
Address 2511 N. Farwell Ave. Unit J
City, State, ZIP Milwaukee, WI 53211

OFFICE USE ONLY
WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT 2017 Jan Continuing Campaign Pre-Primary Spring Fall Special
(Please circle) * 2017 July Continuing Campaign Pre-Primary Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 350.00	\$ 350.00		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 350.00	\$ 350.00		

1. DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Gross Expenditures	\$ 361.57	\$ 361.57		
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 361.57	\$ 361.57		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 56,956.02		
Total Receipts	\$ 350.00		
Subtotal	\$ 57,306.02		
Total Disbursements	\$ 361.57		
CASH BALANCE AT END OF REPORT	\$ 56,944.45		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 3,822.46		

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

JOHN WORM

Signature of Candidate or Treasurer

John Worm

Date 7-12-17

Daytime Phone

414-388-2868

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 of 11.60, 11.62, Wisconsin Stats.

Kovac for Alderman											
SCHEDULE E 1-A Contributions Including Loans from Individuals											
DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	EMPLOYER	ADDRESS	AMOUNT	YTD
2/3/17	Basson	Duncan	4743 Bradley Blvd. Apt 401	Chevy Chase	MD	20815	Subcontracts Adm.	Abt Associates	4550 Montgomery Ave. Suite 800 North, Bethesda, MD 20814-3343	50.00	50.00
3/22/17	Bass	Carmen	140 E. Cherokee Circle	Fox Point	WI	53217	Real Estate	Blankstein Enterprises, Inc	2120 W. Clybourn St. Milwaukee WI 53233	200.00	200.00
4/3/17	Werner	Gordon	3316 S. 7th St.	Waukesha	WI	53215	Retired			100.00	100.00

Kovac for Alderman
Gross Expenditures

SCHEDULE 2-A

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
/								
	1/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-27
	2/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-27.35
	3/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-29.23
	4/10/17	Larry Miller for School Board	2578 N. Farwell Ave	Milwaukee	WI	53211	donation	-100
	4/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-27
	4/13/17	Intrinsic Creative, LLC	3106 Fox Ridge Dr.	Waukesha	WI	8/15/45	Web Design	-98.99
	5/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-27
	6/12/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25

Kovac for Alderman
Contributions to Committees

SCHEDULE 2-B

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
		NONE						

Kovac for Alderman
Incurred Obligations Excluding Loans

SCHEDULE 3-A

DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
	NONE									

Kovac for Alderman

SCHEDULE 3-B

Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
12/31/13	Nik Kovac	1129 E. Center	Milwaukee	WI	53212	\$ 3,822.46		3822.46	

Kovac for Alderman

SCHEDULE 3-C

Estimated Value of In-Kind Contributions Received

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm.	Description of Contribution	Estimated Amount	Estimated YTD
	NONE									

SCHEDULE 3-D

Estimated Value of In-Kind Contributions Given

DATE	NAME	ADDRESS	CITY	ST	ZIP	Place of Business	Individ or Comm.	Description of Contribution	Estimated Amount	Estimated YTD
	NONE									

SCHEDULE 3-E

Contributions Returned to Contributor

DATE OF ORIGINAL CONTRIB	NAME	ADDRESS	CITY	ST	ZIP	Amount Returned				
	NONE									

SCHEDULE 3-F

Contributions Donated to Charity or Common School Fund

DATE	NAME	ADDRESS	CITY	ST	ZIP	Reason	Amount			
	NONE									