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CITY OF MILWAUKEE
ELECTION COMMISSION

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

Is this report an Amendment? NO

OFFICE USE ONLY

WSEB # ID

COMMITTEE IDENTIFICATION

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

Please check if address is different than previously reported ___

NAME OF REPORT (Please circle)					
	2017 Jan Continuing Campaign	Pre-Primary	Spring	Fall	Special
	2018 July Continuing Campaign	Pre-Election	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	$ -	$ 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		
1. DISBURSEMENTS				
A. Gross Expenditures	$ 582.00	$ 943.57		
B. Contributions to Committees (Transfers-Out)	$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 582.00	$ 943.57		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 56,944.45			
Total Receipts	$ -			
Subtotal	$ 56,944.45			
Total Disbursements	$ 582.00			
CASH BALANCE AT END OF REPORT	$ 56,362.45			
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 G. WARM

Signature of Candidate or Treasurer: John G Warm

Date 1-7-2018

Daytime Phone 414-964-3067

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.

Kovac for Alderman

SCHEDULE E-1-A

Contributions Including Loans from Individuals

COND UIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	EMPLOYER	ADDRESS	AMOUNT	YTD
		NONE										

Kovac for Alderman

Contributions from Committees

SCHEDULE 1-B

IN-KIND	DATE	FIRST	ADDRESS	CITY	ST	ZIP	AMOUNT	YTD
	NONE							

Kovac for Alderman

SCHEDULE 1-C **Other Income and Commercial Loans**

	DATE		LAST	FIRST	ADDRESS	CITY	ST	ZIP			AMOUNT	YTD
			NONE									

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
/								
	7/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	7/14/17	Wisconsin Gazette	3956 N. Murray	Milwaukee	WI	53211	advertisement	-432
	8/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	9/11/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	10/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	11/10/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	12/11/17	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25

Kovac for Alderman

SCHEDULE 2-B

Contributions to Committees

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

Kovac for Alderman

SCHEDULE 3-A

Incurred Obligations Excluding Loans

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	Guaruntor (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									