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CITY OF MILWAUKEE  
ELECTION COMMISSION

**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES  NO

**COMMITTEE IDENTIFICATION**

Name of Committee Friends of Falk  
Address 1910 E. Euclid Ave.  
City, State, ZIP Milwaukee, WI 53207-2946

OFFICE USE ONLY

Please check if address is different than previously reported

**NAME OF REPORT** Jan 20  Continuing Pre-Primary 20  Spring Fall Special  
July 20  X Continuing Pre-election 20  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	\$ 50.00			
B. Contributions from Committees (Transfers-In)	\$ -			
C. Other Income and Commercial Loans	\$ 0.04			
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ 50.04	\$ -		

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 87.00			
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 87.00	\$ -		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 820.40			
Total Receipts	\$ 50.04			
Subtotal	\$ 870.44			
Total Disbursements	\$ 87.00			
<b>CASH BALANCE AT END OF REPORT</b>	\$ 783.44			
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -			
<b>LOANS</b> (at close of period)	\$ -			

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  
Janet M/ Falk

Signature of Candidate or Treasurer  
Date 7/3/15  
vegejan@wi.rr.com 414-744-4598

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.  
Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline.  
GAB-2L (04/14)



**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**FRIENDS OF FALK**

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
3/26/15	Tommy Kossch 6909 N. 98th St. Milwaukee, WI 53224	-	\$50	\$50
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE** \$ 50.00

**TOTAL ITEMIZED CONTRIBUTIONS** \$

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS** \$

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS** \$ 50.00

**SCHEDULE 1-C**

**RECEIPTS**  
Other Income and Commercial Loans

Complete Committee Name  
**FRIENDS OF FALK**

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
07/02/15	Tri City National Bank 250 W. Holt Ave. Milwaukee WI 53207	Interest on account	\$0.04
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SUBTOTAL OTHER INCOME THIS PAGE	\$ 0.04
TOTAL ITEMIZED OTHER INCOME	\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
TOTAL OTHER INCOME	\$ 0.04

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
FRIENDS OF FALK

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
<u>04/24/15</u>	<u>HSG Campaigns 1201 W. 5th St. Ste M-140 Los Angeles, CA 90017</u> Check if: <input type="checkbox"/> In-Kind Offset	<u>reimburse - Nationbuilder monthly fee</u>	<u>\$87.00</u>
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 87.00

**TOTAL ITEMIZED EXPENDITURES** \$

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** \$

**TOTAL EXPENDITURES** \$ 87.00