

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

RECEIVED

2018 JUL 10 A 10:12

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 (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

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

1. DISBURSEMENTS

A. Gross Expenditures	\$ 500.00	\$ 500.00		
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 500.00	\$ 500.00		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 56,362.45			
Total Receipts	\$ -			
Subtotal	\$ 56,362.45			
Total Disbursements	\$ 500.00			
CASH BALANCE AT END OF REPORT	\$ 55,862.45			
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. WORM	Signature of Candidate or Treasurer <i>John G. Worm</i>	Date 7/6/18
		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.

OK

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Kovac for Alderman

Kovac for Alderman												
	<small>SCHEDULE E 1-A</small>	Contributions Including Loans from Individuals										
COND UIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	EMPLOYER	ADDRESS	AMOUNT	YTD
		NONE										

Kovac for Alderman

Gross Expenditures

SCHEDULE 2-A

In-Kind	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
/								
	1/10/18	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	2/12/18	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	3/5/18	Forward with Flynn	PO Box 510683	Milwaukee	WI	53203	donation	-100
	3/12/18	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	4/10/18	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	4/20/18	Mandela for Wisconsin	PO Box 90541	Milwaukee	WI	53209	donation	-250
	5/10/18	Click and Pledge	12202 Airport Way Suite 100	Broomfield	CO	80021	processing fee	-25
	6/11/18	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
Loans: Individual, Committee or Commercial

SCHEDULE 3-B

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									