

MILWAUKEE COUNTY
ELECTION COMMISSION

2014 OCT 27 P 4:50

RECEIVED *10*

REPORT OF INDEPENDENT DISBURSEMENTS
STATE OF WISCONSIN

OFFICE USE ONLY

| | | | | |
|---|--------------------------------------|--|--|--|
| COMMITTEE, INDIVIDUAL OR INDEPENDENT DISBURSEMENT GROUP MAKING INDEPENDENT DISBURSEMENTS | | NAME OF REPORT | | |
| Name of Committee, Individual or 1.91 Organization Independence USA PAC | GAB ID# | <input type="checkbox"/> January Continuing | <input type="checkbox"/> Pre-Primary | <input type="checkbox"/> Spring |
| Street Address 575 7th Street NW, Washington, DC 20004 | | <input type="checkbox"/> July Continuing | <input checked="" type="checkbox"/> Pre-Election 11/4/2014 | <input checked="" type="checkbox"/> Fall |
| Email Address info@independenceusa.org | Telephone No. 212-583-6000 | <input type="checkbox"/> Special Report of Late Independent Disbursement | | <input type="checkbox"/> Special |

ATTACH ADDITIONAL SHEETS IF NECESSARY

| Date Paid | Name and Address of Person or Business to Whom Payment Was Made | Purpose | Amount This Period | Candidate(s) Affected by Disbursement(s) | Office Sought | Supported | Opposed | Office Use Only |
|-----------|--|------------|--------------------|--|---------------------------------|-----------|---------|-----------------|
| 8/8/14 | SKD Knickerbocker 1150 18th Street, NW #800 Washington, DC 20036 | Media - TV | \$191,000.00 | David Clarke (oppose) Chris Moews (support) | Sheriff, Milwaukee County | X | X | |
| 8/14/14 | SKD Knickerbocker 1150 18th Street, NW #800 Washington, DC 20036 | Media - TV | \$41,200.35 | David Clarke (oppose) Chris Moews (support) | Sheriff, Milwaukee County | X | X | |
| 9/8/2014 | SKD Knickerbocker 1150 18th Street, NW #800 Washington, DC 20036 | Media - TV | \$4,250.00 | David Clarke (oppose) Chris Moews (support) | Sheriff, Milwaukee County | X | X | |

I, Diane Gubelli certify that the information in this report is true, correct and complete.

Diane Gubelli
Signature of Individual, Treasurer or Agent

10/27/14
Date

THE INFORMATION ON THIS FORM IS REQUIRED BY ss. 11.06 (1), (j), (7), 11.12(6), 11.20, STATS.
FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 11.60, 11.61, 11.66, STATS.
THIS FORM IS PRESCRIBED BY THE Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984!
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GAB@EIS@wi.gov

| | | |
|--|--|------------------------|
| CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN | | OFFICE USE ONLY |
| Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Instructions for completing schedules are on the back of each schedule. | | |
| COMMITTEE IDENTIFICATION | | |
| Name of Committee Independence USA PAC | | |
| Street Address 575 7th Street NW | | |
| City, State and Zip Code Washington, DC 20004 | | |

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

| | | | | | |
|---|---|---------------------------------------|--|--|--|
| <input type="checkbox"/> January Continuing _____ | <input type="checkbox"/> Pre-Primary _____ | <input type="checkbox"/> Spring _____ | <input type="checkbox"/> Fall _____ | <input type="checkbox"/> Special _____ | <input checked="" type="checkbox"/> Termination Report also complete Schedule 4 |
| <input type="checkbox"/> July Continuing _____ | <input checked="" type="checkbox"/> Pre-Election <u>11/4/2014</u> | <input type="checkbox"/> Spring _____ | <input checked="" type="checkbox"/> Fall _____ | <input type="checkbox"/> Special _____ | |

| SUMMARY OF RECEIPTS AND DISBURSEMENTS | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$ N/A, see attached. | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 0 | \$ |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 236,450.35 | \$ 236,450.35 |
| 2B. Contributions to Committees (Transfers-Out) | \$ 0 | \$ 0 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 236,450.35 | \$ 236,450.35 |

| CASH SUMMARY | |
|---|----------------|
| Cash Balance Beginning of Report | \$ 0 |
| Total Receipts | \$ 0 |
| Subtotal | \$ 0 |
| Total Disbursements | \$ 236,450.35 |
| CASH BALANCE END OF REPORT | \$ -236,450.35 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ 0 |
| LOANS (Balance at the Close of This Period-3B) | \$ 0 |

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 Diane Gubelli | Signature of Candidate or Treasurer <i>Diane Gubelli</i> | Date: 10/27/14 |
| | Email: info@independenceusapac.org | Daytime Phone: 212-583-6000 |

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

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Independence USA PAC

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 |
|------|---|---|--------|-----------------------------|
| / / | N/A, please see attached. | | | |
| | 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) | | 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

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 0

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Independence USA PAC

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

| Date / / | Full Name, Mailing Address and Zip Code of Source of Income N/A | Type of Income | Amount |
|-------------|--|----------------|--------|
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount |

SUBTOTAL OTHER INCOME THIS PAGE

\$

TOTAL ITEMIZED OTHER INCOME

\$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

\$

TOTAL OTHER INCOME

\$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Independence USA PAC

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 |
|---|---|---------------------------------|----------------------|
| 8/8/2014 | SKD Knickerbocker 1150 18th St. NW, #800 Washington, DC 20036 Check if: <input checked="" type="checkbox"/> In-Kind Offset | Media - TV | \$191,000.00 |
| 8/14/2014 | SKD Knickerbocker 1150 18th St. NW, #800 Washington, DC 20036 Check if: <input checked="" type="checkbox"/> In-Kind Offset | Media - TV | \$41,200.35 |
| 9/8/2014 | SKD Knickerbocker 1150 18th St. NW, #800 Washington, DC 20036 Check if: <input checked="" type="checkbox"/> In-Kind Offset | Media - TV | \$4,250.00 |
| / / | 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 | | | \$ 236,450.35 |
| TOTAL ITEMIZED EXPENDITURES | | | \$ 236,450.35 |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$ 0 |
| TOTAL EXPENDITURES | | | \$ 236,450.35 |

SCHEDULE 2-B

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name
Independence USA PAC

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

| Date / / | Full Name, Mailing Address and Zip Code | Amount | Calendar Year-To-Date Total |
|---|---|-----------|--------------------------------|
| | N/A Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE | | \$ | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$ | |

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
Independence USA PAC

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

| | | Outstanding Balance Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Balance At Close of This Period |
|-------------|--|---|--|---------------------------------|---|
| Date / / | Full Name, Mailing Address and Zip Code of Creditor N/A | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | |
| | | Nature of Debt (Purpose) | | | |

| | |
|--|-----------|
| SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE | \$ |
| TOTAL ITEMIZED OBLIGATIONS | \$ |
| TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS | \$ |
| TOTAL INCURRED OBLIGATIONS | \$ |

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
 Independence USA PAC

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

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|------|--|--|-----------------------|---------------------------------|--|
| / / | N/A | | | | |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|------|--|--|-----------------------|---------------------------------|--|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Balance Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Balance End of This Period |
|------|--|--|-----------------------|---------------------------------|--|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Name and Address of Employer |
| | Amount Guaranteed Outstanding \$ |

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name
 Independence USA PAC

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

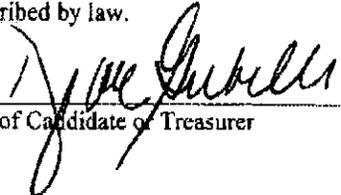
DISPOSAL OF RESIDUAL FUNDS
 THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-E

| Date | Recipient | Amount |
|------|----------------------|--------|
| | Please see attached. | |

LOAN ORDER FORGIVENESS
 I hereby agree, on personal basis or have assigned responsibility for any and all debts of any campaign or committee

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
| | Please see attached. | |

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.


 Signature of Candidate or Treasurer

10/27/14
 Date

Addendum: Nonresident Federal Committee

Independence USA PAC is a nonresident federal independent expenditure-only committee. Under the guidance of the Wisconsin Government Accountability Board, Independence USA PAC registered as a local committee and has reported all of its Wisconsin-related disbursements for the year 2014.

Independence USA PAC previously filed two 48-hour pre-election reports with the Milwaukee County Election Commission in August 2014, reporting two of the media expenditures reported again here; a third expenditure was incurred in September, after the relevant election.

Independence USA PAC has no Wisconsin resident contributors. All contributions received and disbursements made by Independence USA PAC are reported to the Federal Election Commission, and its committee ID number is C00532705. Filings may be accessed at www.fec.gov.