CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

MILWAUKEE COUNTY
ELECTION COMMISSION
2014 JUL 14 A 9:06
RECEIVED

Is This Report an Amendment: ☐ Yes ☒ No

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

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Citizens for Joe Czarnezki

Street Address: 7004 W. Van Beck Avenue

City, State and Zip Code: Milwaukee WI 53220

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

NAME OF REPORT

☐ January Continuing ____ ☐ Pre-Primary ____ ☐ Spring ☐ Fall ☐ Special

☒ July Continuing 2014 ☐ Pre-Election ____ ☐ Spring ☐ Fall ☐ Special

☐ Termination Report *also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 0.00	$ 0.00
1B. Contributions from Committees (Transfers-In)	$ 0.00	$ 0.00
1C. Other Income and Commercial Loans	$ 0.00	$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 0.00	$ 0.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 165.00	$ 165.00
2B. Contributions to Committees (Transfers-Out)	$ 0.00	$ 0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 165.00	$ 165.00

CASH SUMMARY

Cash Balance Beginning of Report	$ 5,798.98
Total Receipts	$ 0.00
Subtotal	$ 5,798.98
Total Disbursements	$ 165.00
CASH BALANCE END OF REPORT	$ 5,633.98
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 0.00
LOANS (Balance at the Close of This Period-3B)	$ 3,000.00

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	Signature of Candidate or Treasurer	Date: 7/10/14
Mary Ann Czarnezki	Mary Ann Czarnezki	
	Email	Daytime Phone: 414-545-5009

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Citizens for Joe Czarnezki

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
3/23/14	MJ media LLC 3512 Blakewood Ave South Milwaukee, WI 53172 Check if: ☐ In-Kind Offset	Webhosting	165.00
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 165.00
TOTAL ITEMIZED EXPENDITURES	$ 165.00
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0.00
TOTAL EXPENDITURES	$ 165.00

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

Complete Committee Name: Citizens for Joe Czarnezki

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
8/25/08	Joseph J. Czarnezki, 7004 W. Van Beck Ave. Milwaukee, WI 53220	3,000.00			3,000.00

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
	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
	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
	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	$ 3,000.00
TOTAL OUTSTANDING LOANS	$ 3,000.00