

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY  
ELECTION COMMISSION

Is This Report an Amendment:     Yes             No

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

2014 JUL 21 P 1:51

**COMMITTEE IDENTIFICATION**

Name of Committee

*FRIENDS OF WILLIAM WILKINS*

Street Address

*5994 S. KURTZ RD. #8*

City, State and Zip Code

*HALES CORNERS, WI 53130*

RECEIVED *AC*

OFFICE USE ONLY

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**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ .20	\$
1B. Contributions from Committees (Transfers-In)	\$ .00	\$
1C. Other Income and Commercial Loans	\$ .00	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ .20	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ .00	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ .00	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 15.54
Total Receipts	\$ .20
Subtotal	\$ 15.74
Total Disbursements	\$ .00
<b>CASH BALANCE END OF REPORT</b>	\$ 15.74
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ .00
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 920.20

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: *July 20, 2014*

*STEVEN C. KRILL*

*Steven C. Krill*

Daytime Phone: 414-507-7834

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. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name  
**FRIENDS OF WILLIAM WILKINS**

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
1/31/14	WILLIAM WILKINS 5994 S. KURTZ RD #8 HALES CORNERS, WI 53130		.20	.20
	Check if: <input type="checkbox"/> In-Kind <input checked="" 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: _____		

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ .20
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ .20
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ .20





**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
*FRIENDS OF WILLIAM WILKINS*

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
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /			
	Check if: <input type="checkbox"/> In-Kind Offset		

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ - 0 -

**TOTAL ITEMIZED EXPENDITURES** \$ |

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

**TOTAL EXPENDITURES** \$ - 0 -



**ADDITIONAL DISCLOSURE  
Incurred Obligations Excluding Loans**

Complete Committee Name

*FRIENDS OF WILLIAM WILKINS*

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				
		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**

\$ - 0 -

**TOTAL ITEMIZED OBLIGATIONS**

\$

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

\$

**TOTAL INCURRED OBLIGATIONS**

\$

- 0 -

**ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Complete Committee Name  
*FRIENDS OF WILLIAM WILKINS*

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
1/31/14	<i>WILLIAM WILKINS 599A S. KURTZ RD # E HALES CORNERS, WI 53130</i>	<i>920.00</i>	<i>.20</i>	<i>- 0 -</i>	<i>920.20</i>

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 \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ <i>920.20</i>
<b>TOTAL OUTSTANDING LOANS</b>	\$ <i>920.20</i>