

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

MILWAUKEE COUNTY
ELECTION COMMISSION

2015 FEB -2 P 12:09

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OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

Wilke for Milwaukee County

Street Address

7915 W. Clancee St

City, State and Zip Code

Wauwatosa, WI 53213

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 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 | \$ <i>50.00</i> | \$ <i>50.00</i> |
| 1B. Contributions from Committees (Transfers-In) | \$ <i>0.00</i> | \$ <i>0.00</i> |
| 1C. Other Income and Commercial Loans | \$ <i>0.00</i> | \$ <i>0.00</i> |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ <i>50.00</i> | \$ <i>50.00</i> |

2. DISBURSEMENTS

| | | |
|--|----------------|----------------|
| 2A. Gross Expenditures | \$ <i>0.00</i> | \$ <i>0.00</i> |
| 2B. Contributions to Committees (Transfers-Out) | \$ <i>0.00</i> | \$ <i>0.00</i> |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ <i>0.00</i> | \$ <i>0.00</i> |

CASH SUMMARY

| | |
|---|-----------------|
| Cash Balance Beginning of Report | \$ <i>0.00</i> |
| Total Receipts | \$ <i>50.00</i> |
| Subtotal | \$ <i>50.00</i> |
| Total Disbursements | \$ <i>0.00</i> |
| CASH BALANCE END OF REPORT | \$ <i>50.00</i> |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ |

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 <i>Joel Tilleson</i> | Signature of Candidate or Treasurer <i>Joel Tilleson</i> | Date: <i>1/2/15</i> |
| | Email <i>jtilleson@falklegal.com</i> | Daytime Phone: <i>414-316-2120</i> |

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.

Complete Committee Name

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 |
|---------|---|---|---------|-----------------------------|
| 12/3/14 | Jason G. Wilke 10409 W. Woodward Wauwatosa, WI 53225 | | \$50.00 | \$50.00 |
| | 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 | \$ 50.00 |
| TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS | \$ — |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ 50.00 |

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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

| | | | |
|-------------|--|--------|--------------------------------|
| Date / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | Amount | Calendar Year-To-Date Total |
| / / | Full Name of Committee, 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-In) THIS PAGE

\$

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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 | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
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| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

| | |
|---|------|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 0 |
| TOTAL ITEMIZED EXPENDITURES | \$ 0 |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | \$ 0 |
| TOTAL EXPENDITURES | \$ 0 |

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name

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 | \$ | 0 |
| TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS | \$ | 0 |
| TOTAL INCURRED OBLIGATIONS | \$ | 0 |

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

Complete Committee Name _____

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 |
|------|--|--|-----------------------|---------------------------------|--|
| / / | | | | | |

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 \$ 0
TOTAL OUTSTANDING LOANS \$ 0