

H. K. J. Supervisor DISTRICT 12-21-10 to 12-31-10

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2010 JAN 31 A 8:16

COMMITTEE IDENTIFICATION

Name of Committee
The Poor People's Piece of the Pie Campaign Committee

RECEIVED
OFFICE USE ONLY

Street Address
2702A N. Richards Street

City, State and Zip Code
Milwaukee, WI, 53212

WSEB ID Number:

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

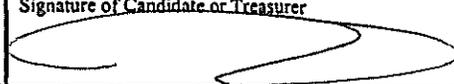
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$	\$
1C. Other Income and Commercial Loans	\$ 0	\$ 0	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 0	\$ 0	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 0	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0	\$
Total Receipts	\$ 0	\$
Subtotal	\$ 0	\$
Total Disbursements	\$ 0	\$
CASH BALANCE END OF REPORT	\$ 0	\$
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 <i>Ieshuh Griffin</i>	Signature of Candidate or Treasurer 	Date: <i>01/25/11</i>
		Daytime Phone: <i>334-0039</i>

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500
Website: elections.state.wi.us e-mail: seb@seb.state.wi.us