CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN

10-26-11 to 12-31-11

MILWAUKEE COUNTY ELECTION COMMISSION

2012 JAN 30 A 11:51

RECEIVED

OFFICE USE ONLY

Is This Report an Amendment: ☐ Yes ☐ No

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

COMMITTEE IDENTIFICATION

Name of Committee: Roy Evans for County Supervisor

Street Address: 2305 No Grant Blvd

City, State and Zip Code: Milwaukee, Wisc 53210

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	$ 2864.00	$	$	$
1B. Contributions from Committees (Transfers-In)	$ —	$	$	$
1C. Other Income and Commercial Loans	$ —	$	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 2864	$	$	$
2. DISBURSEMENTS				
2A. Gross Expenditures	$ 1325.10	$	$	$
2B. Contributions to Committees (Transfers-Out)	$	$	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 1325.10	$	$	$

CASH SUMMARY		
Cash Balance Beginning of Report	$ 100	$
Total Receipts	$ 2864	$
Subtotal	$ 2764	$
Total Disbursements	$ 1325	$
CASH BALANCE END OF REPORT	$ 1439	$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —	$
LOANS (Balance at the Close of This Period-3B)	$ 1814	$

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: 1/27/12
George A. Evans	George Evans	Daytime Phone: (414) 445-3855

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

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Roy Evans for County Supervisor

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 / Office Use
12/23/11	Karma Rogers 1363 Rolling Sunset Henderson NV 89052 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Attorney	$50.00	
12/26/11	Morrie Tharios 130 So Water St Milw. WI. 53204 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Accountant	$125.00	
12/27/11	Dennis Purtell 1885 Hollyhock Elm Grove, WI 53122 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Attorney	$200.00	
12/27/11	Joseph W Eigel 3732 W. Wis. Ave Milw. WI 53208 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Attorney	$200.00	
12/29/11	Randall Nash 5289 N. Lake Dr Whitefish Bay WI 53217 Check if: ☐ In-Kind ☐ Conduit ☐ Loan		$100.00	
12/30/11	Mark + Sue Irgens 2565 N. 90th St Wauwatosa, WI 53226 Check if: ☐ In-Kind ☐ Conduit ☐ Loan		$250.00	
12/30/11	Robert Cocroft 9803 So 35th St Franklin WI 53132 Check if: ☐ In-Kind ☐ Conduit ☐ Loan		$100.00	
12/31/11	Marilyn Miller 4958 N 47th St Milw. WI. 53208 Check if: ☐ In-Kind ☐ Conduit ☐ Loan		$25.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 1050.00	
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Roy Evans for County Supervisor

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 / Office Use
10/26/11	Roy Evans 2305 N. Grant Blvd Milw. WI. 53210 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Personal Loan (Open Account)	$100	
11/8/11	Roy Evans 2305 N. Grant Blvd Milw. WI. 53210 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Campaign Loan	$1,000	
11/21/11	Roy Evans 2305 N. Grant Blvd Milw WI. 5320 Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Campaign Loan	214.03	
12/16/11	Roy Evans 2305 N. Grant Blvd Milw. WI. Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Campaign Loan	$5.00	
/ /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100)	Amount	Calendar Year-to-Date Total / Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100)	Amount	Calendar Year-to-Date Total / Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100)	Amount	Calendar Year-to-Date Total / Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Conduit ☐ Loan	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100)	Amount	Calendar Year-to-Date Total / Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 1814.03	
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ —	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Roy Evans for County Supervisor

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	Office Use
10/19/11	Milwaukee Map 959 N. Mayfair Rd 53226 Check if: ☐ In-Kind Offset	Dist T Map	$42.24	
11/21/11	Office Depot 362 E. Capitol Dr 53212 Check if: ☐ In-Kind Offset	Printing Clipboards	$49.60	
11/22/11	Office Depot 362 E. Capitol Dr 53212 Check if: ☐ In-Kind Offset	Printing	$ 79.18	
11/28/11	Office Max Grand Ave 53202 Check if: ☐ In-Kind Offset	Clipboards	$21.65	
12/3/11	Office Depot 362 E. Capitol Dr 53212 Check if: ☐ In-Kind Offset	Printing	$45.08	
12/15/11	Office Depot 362 E. Capitol Dr 53212 Check if: ☐ In-Kind Offset	Planner	$ 17.94	
12/20/11	Office Max 12140 W. Fourleigh 53213 Check if: ☐ In-Kind Offset	Receipt Book	$ 4.00	
12/16/11	Office Depot 362 E. Capitol Dr 53212 Check if: ☐ In-Kind Offset	Printing	$ 221.18	
12/10/11	Milw. Map 959 N. Mayfair Rd 53226 Check if: ☐ In-Kind Offset	District Map	$71.71	

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 331.06	
TOTAL ITEMIZED EXPENDITURES	$	
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 21.94	
TOTAL EXPENDITURES	$ 353.08	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Roy Evans for County Supervisor

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	Office Use
12/19/11	Michael Campbell 1510 E. Marion Milw 53211 Check if: ☐ In-Kind Offset	Graphic Design	$250.00	
12/28/11	Office Depot 5433 W. Fond du lac Ave Milw 53212 Check if: ☐ In-Kind Offset	Ink	$21.11	
12/19/11	Weber Printing 2048 N. 34th St Mil. 53210 Check if: ☐ In-Kind Offset	Printing	$601.92	
12/19/11	Post Office Mid City Station Check if: ☐ In-Kind Offset	Postage	$88.00	
12/29/11	American Greetings 2600 N. Mayfair Rd Tosa 53226 Check if: ☐ In-Kind Offset	Cards	$11.07	
/ /	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	$ 961.03	
TOTAL ITEMIZED EXPENDITURES	$	
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 11.07	
TOTAL EXPENDITURES	$ 972.10	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name: Roy Evans for County Supervisor

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
/ /	NONE				

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
	$
	$

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
	$
	$

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
	$
	$

SUBTOTAL OUTSTANDING LOANS THIS PAGE $

TOTAL OUTSTANDING LOANS $