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OFFICE USE ONLY

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Abele for Mke Co. Exec

Street Address
P.O. Box 1213

City, State and Zip Code
Milwaukee, WI 53201

GAB ID Number

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

REPORT PERIOD

January Continuing Pre-Primary Spring Fall Special Termination Report
 July Continuing 2013 Pre-Election 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	\$50,000.00	\$50,000.00
1B. Contributions from Committee (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$26.85
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$50,000.00	\$50,026.85
2. DISBURSEMENTS		
2A. Gross Expenditures	\$12,132.87	\$27,189.99
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$1,500.00
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$12,132.87	\$28,689.99

CASH SUMMARY

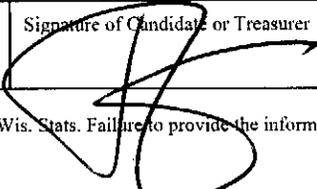
Cash Beginning Balance	\$31,821.86
Total Receipts	\$50,000.00
Subtotal	\$81,821.86
Total Disbursements	\$12,132.87

CASH BALANCE END OF REPORT \$69,688.99

INCURRED OBLIGATIONS
(Balance at the Close of This Period-3A) \$0.00

LOANS (Balance at the Close of This Period-3B) \$1,150,000.00

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 Chris Abele or Jeff Peelen	Signature of Candidate or Treasurer 	Date: 07/22/2013 Daytime Phone: (414) 277-5773
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------

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.

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

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Abele for Mke Co. Exec

Street Address
P.O. Box 1213

City, State and Zip Code
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INCURRED OBLIGATIONS

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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 Chris Abele or Jeff Peelen	Signature of Candidate or Treasurer	Date: 07/22/2013 Daytime Phone: (414) 277-5773
----------------------------------------------------------------------------	-------------------------------------	---------------------------------------------------

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.

Contributions (Including Loans) From Individuals

Complete Committee Name
Abele for Mke Co. Exec

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
05/15/2013	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit GAB ID# _____	Executive, Milwaukee County 901 N 9th St Ste 306 Milwaukee, WI 53233	\$50,000.00	\$50,000.00 Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$50,000.00	
TOTAL ITEMIZED CONTRIBUTIONS	\$50,000.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$0.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$50,000.00	

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Abele for Mke Co. Exec

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
01/03/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00
01/15/2013	Sonja Chojnacki 3112 N Weil St Milwaukee, WI 53212-2231 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Consultant	\$630.00
01/15/2013	State of Wisconsin Department of Revenue 2135 Rimrock Rd Madison, WI 53708 Check if: <input type="checkbox"/> In-Kind Offset	WI Business Tax Registration Certificate	\$10.00
01/15/2013	Time Warner Cable 1320 N MLK Dr Milwaukee, WI 53212-4002 Check if: <input type="checkbox"/> In-Kind Offset	Phone & Internet	\$301.49
01/22/2013	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fee	\$42.00
01/28/2013	NGP VAN 1101 Vermont Ave NW Ste 710 Washington, DC 20005-3521 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Financial Software	\$975.00

SUBTOTAL EXPENDITURES THIS PAGE	\$1,983.49
TOTAL ITEMIZED EXPENDITURES	\$12,132.87
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$12,132.87

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Abele for Mke Co. Exec

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Date	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
02/04/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00
03/04/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00
03/06/2013	Sonja Chojnacki 3112 N Weil St Milwaukee, WI 53212-2231 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Consultant	\$1,620.00
03/06/2013	Time Warner Cable 1320 N MLK Dr Milwaukee, WI 53212-4002 Check if: <input type="checkbox"/> In-Kind Offset	Phone & Internet	\$612.68
03/11/2013	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Tax Service Fee	\$107.00
04/03/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00

SUBTOTAL EXPENDITURES THIS PAGE	\$2,414.68
TOTAL ITEMIZED EXPENDITURES	\$12,132.87
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$12,132.87

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Abele for Mke Co. Exec

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
05/03/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00
05/10/2013	Keeley Company, LLC 270 E. Highland Avenue Suite B Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Reimburse'm't: Facebook Advertisements	\$1,988.86
05/10/2013	Keeley Company, LLC 270 E. Highland Avenue Suite B Milwaukee, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Reimburse'm't: Facebook Advertisements	\$2,226.54
05/10/2013	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fee	\$55.00
05/29/2013	NGP VAN 1101 Vermont Ave NW Ste 710 Washington, DC 20005-3521 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Finance Software	\$975.00
05/29/2013	Sonja Chojnacki 3112 N Weil St Milwaukee, WI 53212-2231 Check if: <input type="checkbox"/> In-Kind Offset	Campaign Consultant	\$1,440.00

SUBTOTAL EXPENDITURES THIS PAGE	\$6,710.40
TOTAL ITEMIZED EXPENDITURES	\$12,132.87
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$12,132.87

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Abele for Mke Co. Exec

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
05/29/2013	Time Warner Cable 1320 N MLK Dr Milwaukee, WI 53212-4002 Check if: <input type="checkbox"/> In-Kind Offset	Phone & Internet	\$950.30
06/03/2013	Merchant Card Processing P.O. Box 407066 Fort Lauderdale, FL 33340 Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Credit Card Vendor Fees	\$25.00
06/10/2013	Paychex 375 Bishops Way Ste 190 Brookfield, WI 53005-6200 Check if: <input type="checkbox"/> In-Kind Offset	Payroll Fee	\$49.00

SUBTOTAL EXPENDITURES THIS PAGE	\$1,024.30
TOTAL ITEMIZED EXPENDITURES	\$12,132.87
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$0.00
TOTAL EXPENDITURES	\$12,132.87

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

Complete Committee Name
Abele for Mke Co. Exec

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908	\$250,000.00	\$0.00	\$0.00	\$250,000.00
12/31/2010					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908	\$450,000.00	\$0.00	\$0.00	\$450,000.00
01/21/2011					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908	\$300,000.00	\$0.00	\$0.00	\$300,000.00
03/01/2011					

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

\$1,000,000.00

TOTAL OUTSTANDING LOANS

\$1,150,000.00

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Abele for Mke Co. Exec

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908	\$100,000.00	\$0.00	\$0.00	\$100,000.00
03/26/2011					

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 Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payment This Period	Outstanding Balance End of This Period
Date	Christopher Abele 3319 N Lake Dr Milwaukee, WI 53211-2908	\$0.00	\$50,000.00	\$0.00	\$50,000.00
05/15/2013					

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

\$150,000.00

TOTAL OUTSTANDING LOANS

\$1,150,000.00