

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

1-1-10 to 6-30-10

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

COMMITTEE IDENTIFICATION

2010 JUL 23 PM 1:09

Name of Committee

CITIZENS FOR AMENT

Street Address

622 N. WATER ST.

City, State and Zip Code

MILWAUKEE, WI 53202

RECEIVED
OFFICE USE ONLY

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 10 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	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	\$ -	\$ -
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0	\$ -	\$ -
1C. Other Income and Commercial Loans	\$ 7337.84	\$ 7337.84	\$ 7337.84	\$ 7337.84
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 7337.84	\$ 7337.84	\$ 7337.84	\$ 7337.84

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 3551.10	\$ 3551.10	\$ 3551.10	\$ 3551.10
2B. Contributions to Committees (Transfers-Out)	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 4051.10	\$ 4051.10	\$ 4051.10	\$ 4051.10

CASH SUMMARY

Cash Balance Beginning of Report	\$ 446,223.91	\$ 446,223.91
Total Receipts	\$ 7337.84	\$ 7337.84
Subtotal	\$ 453,561.75	\$ 453,561.75
Total Disbursements	\$ 4051.10	\$ 4051.10
CASH BALANCE END OF REPORT	\$ 449,510.65	\$ 449,510.65
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	Signature of Candidate or Treasurer	Date: 7-20-10
F. THOMAS AMENT	F. Thomas Ament	Daytime Phone: 414-474-3635

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
CITIZENS FOR AMENT

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
11/1/10 TO 6/30/10	GEM VENTURES 702 S. 2ND ST. MILWAUKEE, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	STORAGE	334.50	
1/26/10	FRIEBERT KINERTY + ST. JOHN TWO PLAZA EAST 330 E. MILBOURNE AVE. MILW, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	TRANSCRIPT	66.60	
4/19/10	INTERNAL REVENUE SERVICE OGDEN, UTAH Check if: <input type="checkbox"/> In-Kind Offset	INCOME TAXES	3150.00	
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
1 / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 3551.10	3551.10
TOTAL ITEMIZED EXPENDITURES	\$ —	—
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —	—
TOTAL EXPENDITURES	\$ 3551.10	3551.10

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
CITIZENS FOR AMENT

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
5/17/10	CITIZENS FOR SPENCER COGGS Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	500 ⁰⁰	500 ⁰⁰	
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 500 ⁰⁰		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 500 ⁰⁰		

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
CITIZENS FOR AMENT

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
11/11/10 To 2/30/10	R.W. BAIRD 777 E. WISCONSIN AVE MILWAUKEE, WI 53202	INVESTMENTS		
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$	