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.

2010 JUL 16 AM 11:06

RECEIVED

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: BRODERICK FOR COUNTY BOARD

Street Address: 3617 N. PROSPECT AVE.

City, State and Zip Code: SHOREWOOD, WI 53211-2623

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)	$ NONE	$ NONE	$ —	$ —
2. DISBURSEMENTS				
2A. Gross Expenditures	$ -0-	$ -0-	$ —	$
2B. Contributions to Committees (Transfers-Out)	$ 1,650-	$ 2,200-	$ 1650.00	$ 1650.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 1.650-	$ 2,200-	$ 1650.00	$ 1650.00

CASH SUMMARY

Cash Balance Beginning of Report	$ 7838.97	$ 7838.97
Total Receipts	$ -0-	$ —
Subtotal	$ 7838.97	$ 7838.97
Total Disbursements	$ 1650.00	$ 1650.00
CASH BALANCE END OF REPORT	$ 6188.97	$ 6188.97
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	Signature of Candidate or Treasurer	Date: 7/14/2010
GERRY P BRODERICK		Daytime Phone: 414.961.0124

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

EB-2 Rev 06/07

Should be on Schedule 2-B - Contributions to Committees

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page ___ of ___

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	Office Use
3/3/10	FRIENDS OF RYAN MCCUE 3927 E. PLANKINGTON ST. CUDAHY, WI 53210 Check if: ☒ In-Kind Offset 131	CONTRIBUTION	$200.00	
5/3/10	FRIENDS OF NIKIYA HARRIS 5332 N. 61ST ST. MILWAUKEE, WI 53218 Check if: ☒ In-Kind Offset 132	CONTRIBUTION	$100.00	
6/10/10	DOMINA FOR JUDGE 520 W. GRAND AV. WAUKESHA, WI 53186 Check if: ☒ In-Kind Offset 133	CONTRIBUTION	$50-	
6/10/10	FRIENDS OF CHRIS LARSON 3261 S. HERMAN ST MILWAUKEE, WI 53207 Check if: ☐ In-Kind Offset 134	CONTRIBUTION	$1000-	
6/22/10	NELSON FOR WISCONSIN P.O. BOX 361 KAUKAUNA, WI 54130 Check if: ☐ In-Kind Offset 135	CONTRIBUTION	$50-	
6/30/10	FRIENDS OF DAN DEVINE 11923 W. HOLT AV WEST ALLIS, WI. 53227 Check if: ☐ In-Kind Offset 136	CONTRIBUTION	$50	
6/30/10	LIZ COGGS FOR STATE REP. 1321 N. 18TH ST MILW. WI. 53205 Check if: ☐ In-Kind Offset 137	CONTRIBUTION	$100-	
7/1/10	KOVAC FOR ALDERMAN 2833 N. STOWELL AVE MILWAUKEE, WI 53211 Check if: ☒ In-Kind Offset 138	CONTRIBUTION	$100-	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 1650-	1650.00
TOTAL ITEMIZED EXPENDITURES	$ 1650-	1650.00
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0-	—
TOTAL EXPENDITURES	$ 1650-	1650.00