

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

1-1-12 to 2-6-12

MILWAUKEE COUNTY
ELECTION COMMISSION

2012 FEB 10 P 12:16

**RECEIVED
OFFICE USE ONLY**

WSEB ID Number:

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, Wis. 53210

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	\$ 670	\$	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 670	\$	\$	\$
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1883 ⁰⁴	\$	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1883 ⁰⁴	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1439	\$
Total Receipts	\$ 670	\$
Subtotal	\$ 2109	\$
Total Disbursements	\$ 1883 ⁰⁴	\$
CASH BALANCE END OF REPORT	\$ 225 ⁹⁶	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	\$
LOANS (Balance at the Close of This Period-3B)	\$ 2039 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 <u>Georgia A. Evans</u>	Signature of Candidate or Treasurer <u>Georgia A. Evans</u>	Date: <u>2/10/12</u> Daytime Phone: <u>414-445-3854</u>
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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

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
1/2/12	Walter + Luis Wilson 5751 N. Argyle Ave Oklendale, Wis. 53209	Architect.	\$20 ⁰⁰	Office Use
1/6/12	Cartiss HARRIS		\$100	Office Use
1/9/12	Robert + Mary A. HARRIS 7606 W Heather Ave Milw, Wis. 53223	Retired	\$100	Office Use
1/11/12	Gloster Current 9521 N. LAKE DR MILW 53217		\$75	Office Use
1/14/12	Mark Weddle 3738 NO 40TH ST MILW. 53210		\$100	Office Use
1/19/12	Fredia Webb 1714 N. 5th St MILW - 53212		\$50	Office Use
2/1/12	ROY EVANS 2305 NO Grant Blvd MILW 53210	Campaign Loan	\$25	Office Use
2/4/12	ROY EVANS Campaign Loan		\$200 ⁰⁰	Office Use
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 670	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 670	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 20	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 650	

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
1/9/12	Weber Printing 3048 No. 34th St. MLW 53211	YARD SIGNS	\$649.44	
1/9/12	MLW. Community Journal 3412 ML King Dr MLW -53212	Ad	\$150.00	
1/15/12	0106502 502 W. Carfield	Fundraiser	\$150.00	
1/31/12	Wmas Radio	Commercials	\$181.00	
2/1/12	Mike Campbell 1510 E. Marion MLW 53211	Graphic DESIGN	\$250.00	
1/1	Weber Printing 3048 N. 34th St MLW 53210	Flyers	\$332.64	
2/4/12	TERRY CLARK	Wmas Radio Commercials	\$75.00	
2/1/12	CITY HALL	Registered VOTERLIST DEPOSIT	\$25	
2/6/12	CITY HALL	Registered Voter LIST	\$69.96	

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1883.04	
TOTAL ITEMIZED EXPENDITURES	\$ 1883.04	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$	
TOTAL EXPENDITURES	\$ 1883.04	

ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Complete Committee Name
Roy Evans for County Supervisor

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

NONE		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
		Nature of Debt (Purpose)				
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					\$	
TOTAL ITEMIZED OBLIGATIONS					\$	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					\$	
TOTAL INCURRED OBLIGATIONS					\$	

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
ROY EDANS 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 \$
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 \$
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 \$
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

\$

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

Complete Committee Name
Roy Evans for County Supervisor

SCHEDULE 3-C

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

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

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Column A	Column B	Office Use Only
				Estimated Amount	Estimated Calendar Year-to-Date Total (All Contributions)	
	<i>None</i>					

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

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

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A	Column B	Office Use Only
			Estimated Amount	Estimated Calendar Year-to-Date Total (All Contributions)	
	<i>None</i>				

SCHEDULE 3-E

ADDITIONAL DISCLOSURE
Contributions Returned to Contributor

Complete Committee Name
Roy Evans for County Supervisor

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
	<i>none</i>	
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

SCHEDULE 3-F

ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$