

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:  Yes  No

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

MILWAUKEE COUNTY  
ELECTION COMMISSION

2012 APR -2 A 11:46

RECEIVED *[Signature]*  
OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee  
*Committee to Elect Andrew Cegielski*

Street Address  
*1600 W. Good Hope Rd.*

City, State and Zip Code  
*Glendale, WI 53209*

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
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ <i>891.73</i>	\$ <i>1620.95</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>500.00</i>	\$ <i>500.00</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>1391.73</i>	\$ <i>2120.95</i>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ <i>809.93</i>	\$ <i>1489.15</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>0</i>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>809.93</i>	\$ <i>1489.15</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>50.00</i>
Total Receipts	\$ <i>1391.73</i>
Subtotal	\$ <i>1441.73</i>
Total Disbursements	\$ <i>809.93</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>631.80</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <i>0</i>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <i>0</i>

*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 <i>Andrew Cegielski</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>3-29-12</i>
		Daytime Phone: <i>414-433-4893</i>

**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.

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
Committee to Elect Andrew Cegielski

All Itemized contributions remain the same.

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
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ /

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 831.93

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$ 59.80

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ 891.73

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

*All Itemized expenditures remain the same.*

Complete Committee Name  
Committee to Elect Andrew Cegielski

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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
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$	
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$	692.60
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	\$	117.33
<b>TOTAL EXPENDITURES</b>	\$	809.93