

**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 11:45

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**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 921.73

\$ 1650.95

1B. Contributions from Committees (Transfers-In)

\$ 500.00

\$ 500.00

1C. Other Income and Commercial Loans

\$ 0

\$ 0

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 1421.73

\$ 2150.95

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 789.93

\$ 1469.15

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 789.93

\$ 1469.15

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 50.00

Total Receipts

\$ 1421.73

Subtotal

\$ 1471.73

Total Disbursements

\$ 789.93

**CASH BALANCE END OF REPORT**

\$ 681.80

**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

Andrew Cegielski

Signature of Candidate or Treasurer

*[Signature]*

Date: 3-25-12

Daytime Phone: 414-433-4893

**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.

Complete Committee Name  
 Committee to Elect Andrew Cegielski

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
2/10/12	Andrew Cegielski 1600 W. Good Hope 53209 Glendale, Wisconsin (further referenced as "AC") Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Water Treatment Operator North Shore Water Commission 400 W. Bender Glendale, WI 53209 Conduit Name:	41.15	720.37
2/11/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Same as above (further referenced as "WT") Conduit Name:	35.88	756.25
2/12/12	Lots Dolan 6667 W. Floral Ln. Brown Deer WI 53223 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Retired Conduit Name:	30.00	30.00
2/12/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	WT Conduit Name:	32.72	788.97
2/14/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	WT Conduit Name:	42.22	831.19
2/14/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	WT Conduit Name:	30.00	861.19
2/16/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	WT Conduit Name:	40.00	901.19
2/17/12	AC Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	WT Conduit Name:	63.19	964.38

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 315.16
TOTAL ITEMIZED CONTRIBUTIONS	\$ /
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ /
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ /

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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
2/21/12	AC	WT	42.22	1006.6
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/25/12	AC	WT	43.28	1049.88
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/26/12	AC	WT	34.84	1084.72
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/28/12	AC	WT	41.67	1126.39
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/1/12	Joe Sweeney N. Allen Ln. Fox Point, WI 53217		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/1/12	AC	WT	20.37	1146.76
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/1/12	AC	WT	72.19	1218.95
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/2/12	AC	WT	21.11	1240.06
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ 325.68
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ /
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ /
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ /

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

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ 191.09
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ 831.93
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ 89.80
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ 921.73



**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Committee to Elect Andrew Cegielski

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
2/10/12	FedEx Office 5358 N. Port Washington Milwaukee, WI 53217 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper	41.15
2/11/12	Cartridge World 6969 N. Port Washington Rd. Glendale, WI 53217 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	35.88
2/12/12	Office Max 9088 N. Green bay Rd. Milwaukee, WI 53209 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper	32.72
2/14/12	Cartridge World (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	42.22
2/14/12	City of Glendale 5909 N. Milwaukee River Parkway Glendale, WI 53209 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Glendale Voter List	30.00
2/16/12	Village of Fox Point 7200 N. Santa Monica Fox Point, WI 53217 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Fox Point Voter List	40.00
2/17/12	Office Max (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper / Office Supplies	63.19
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 285.16

**TOTAL ITEMIZED EXPENDITURES** \$ /

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** \$ /

**TOTAL EXPENDITURES** \$ /

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
*Committee to Elect Andrew Cegielski*

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
2/21/12	Cartridge World (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	42.22
2/25/12	Office Max (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper/Office Supplies	43.28
2/26/12	Best Buy #654 Fox Point, WI 53217 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	34.84
2/28/12	Cartridge World (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	41.67
3/1/12	Home Depot 2326 W. Bluemound Rd Waukesha, WI 53186 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Plywood	20.37
3/1/12	Office Max (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper	72.19
3/2/12	Cartridge World (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	21.11
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 275.68
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ /
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	\$ /
<b>TOTAL EXPENDITURES</b>	\$ /

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
Committee to Elect Andrew Cujadski

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
3/3/12	Home Depot 4155 N. Post Washington Milwaukee, WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	Paint	19.56
3/4/12	Office Max (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Paper	32.72
3/8/12	Cartridge World (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ink	21.11
3/16/12	Cartridge World (same as above) Check if: <input type="checkbox"/> In-Kind Offset	Ink	21.11
3/17/12	Home Depot (same as above) Check if: <input checked="" type="checkbox"/> In-Kind Offset	Sign Posts	37.26
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 131.76

**TOTAL ITEMIZED EXPENDITURES** \$ 692.60

**TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS** \$ 97.33

**TOTAL EXPENDITURES** \$ 789.93