

3. POWERS COUNTY 12
ELECTION COMMISSION

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

2012 JUL 18 A 8:56

RECEIVED

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Is this report an Amendment? YES NO

COMMITTEE IDENTIFICATION

Name of Committee Sanfelippo for Supervisor
Address 12024 W Euclid Ave
City, State, ZIP West Allis, WI 53227

OFFICE USE ONLY
WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT Jan 2012 Continuing Pre-Primary 2012 Spring Fall Special
July 2012 Continuing Pre-election 2012 Spring Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
1. RECEIPTS				
A. Contributions including Loans from Individuals	\$ 50.00	\$ 50.00		
B. Contributions from Committees (Transfers-In)	\$ -	\$ -		
C. Other Income and Commercial Loans	\$ -	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 50.00	\$ 50.00		

1. DISBURSEMENTS				
A. Gross Expenditures	\$ 2,136.33	\$ 2,136.33		
B. Contributions to Committees (Transfers-Out)	\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2,136.33	\$ 2,136.33		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 3,992.23		
Total Receipts	\$ 50.00		
Subtotal	\$ 4,042.23		
Total Disbursements	\$ 2,136.33		
CASH BALANCE AT END OF REPORT	\$ 1,905.90		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 14,261.54		

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 Mary Maierle Treasurer	Signature of Candidate or Treasurer <i>Mary Maierle</i>	Date 7/17/2012 Daytime Phone 414-852-2230
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NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.
Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats.

Sanfelippo for Supervisor

Estimated Value of In-Kind Contributions Received

SCHEDULE 3-C

DATE	NAME	ADDRESS	CITY	ST	ZIP	Occupation, name, address of employer	Individual or Comm.	Description of Contribution	Estimated Amount	Estimated YTD

Estimated Value of In-Kind Contributions Given

SCHEDULE 3-D

DATE	NAME	ADDRESS	CITY	ST	ZIP	Description of Contribution	SEB #	Estimated Amount	Estimated YTD

Contributions Returned to Contributor

SCHEDULE 3-E

DATE OF ORIGINAL CONTRIB	NAME	ADDRESS	CITY	ST	ZIP	Amount Returned