

7-1-12 to 12-31-12

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

COMMITTEE IDENTIFICATION

2013 JAN 11 A 11:34

Name of Committee

CITIZENS FOR AMENT

RECEIVED

OFFICE USE ONLY

Street Address

622 N. WATER ST. # 406

City, State and Zip Code

MILWAUKEE, WI 53202

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 2012 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

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ _____

\$ _____

1B. Contributions from Committees (Transfers-In)

\$ _____

\$ 9412.79

1C. Other Income and Commercial Loans

\$ 4139.01

\$ ~~4139.01~~

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

\$ 4139.01

\$ 4419.79

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 338732.87

\$ 362,156.89

2B. Contributions to Committees (Transfers-Out)

\$ _____

\$ _____

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

\$ 338732.87

\$ 362,156.89

CASH SUMMARY

Cash Balance Beginning of Report

\$ 338,359.77

Total Receipts

\$ 4139.01

Subtotal

\$ 342,498.78

Total Disbursements

\$ 338732.87

CASH BALANCE END OF REPORT

\$ 3765.91

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

F. THOMAS AMENT

Signature of Candidate or Treasurer

F. Thomas Ament

Date:

January 8, 2013

Daytime Phone: 414-476-3635

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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
CITIZENS FOR AMENT

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
7/1/12 70 12/31/12	R.W. BAIRD 777 E. WISCONSIN AVE MILWAUKEE, WI 53202	INVESTMENTS	4139.01
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SUBTOTAL OTHER INCOME THIS PAGE \$ 4139.01

TOTAL ITEMIZED OTHER INCOME \$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$

TOTAL OTHER INCOME \$ 4139.01

DISBURSEMENTS
Gross Expenditures

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
9/20/12	GREATER MIL. FOUNDATION 101 W. PLEASANT ST, SUITE 210 MILWAUKEE, WI 53212 ZIP	CONTRIBUTION	20,000.00
10/5/12	GREATER MIL. FOUNDATION 101 W. PLEASANT ST, SUITE 210 MILWAUKEE, WI 53213	CONTRIBUTION	219,059.74
10/14/12	GREATER MIL FOUNDATION 101 W PLEASANT ST, SUITE 210 MILWAUKEE, WI 53213		99,673.13
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 338,732.87

TOTAL ITEMIZED EXPENDITURES \$ 338,732.87

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 338,732.87 ✓