

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

1-1-13 to 6-30-13

MILWAUKEE COUNTY  
ELECTION COMMISSION

2013 JUL 25 P 12:31

RECEIVED

OFFICE USE ONLY

Is This Report an Amendment:     Yes                       No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

CITIZENS FOR AMENIT

Street Address

622 N. WATER ST

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     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<br>This Period | Column B<br>Calendar<br>Year-To-Date |
|---|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals  | \$ -                    | \$ -                                 |
| 1B. Contributions from Committees (Transfers-In)      | \$ -                    | \$ -                                 |
| 1C. Other Income and Commercial Loans                 | \$ -                    | \$ -                                 |
| <b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C) | \$ -                    | \$ -                                 |

**2. DISBURSEMENTS**

|  |           |           |
|--|-----------|-----------|
| 2A. Gross Expenditures                                 | \$ 606.20 | \$ 606.20 |
| 2B. Contributions to Committees (Transfers-Out)        | \$ -      | \$ -      |
| <b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B) | \$ 606.20 | \$ 606.20 |

**CASH SUMMARY**

|   |            |
|---|------------|
| Cash Balance Beginning of Report  | \$ 3765.91 |
| Total Receipts  | \$ -       |
| Subtotal  | \$ 3765.91 |
| Total Disbursements   | \$ 606.20  |
| <b>CASH BALANCE END OF REPORT</b>                                       | \$ 3159.71 |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$ -       |
| <b>LOANS</b> (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 | Signature of Candidate or Treasurer | Date:                       |
| JEREMIAH J. HEARNEY                          | <i>James G. Heaney</i>              | 7-19-13                     |
|  |                                     | Daytime Phone: 414-272-3360 |

**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.

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
**CITIZENS FOR BUMENTI**

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

| Date   | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|--------|--|---------------------------------|--------|
| 3/5/13 | IRS<br>SALT LAKE CITY, UTAH  | INCOME TAX                      | 606.20 |
| / /    | 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  |                                 |        |

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 606.20

**TOTAL ITEMIZED EXPENDITURES** \$ 606.20

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

**TOTAL EXPENDITURES** \$ 606.20