

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION E

2015 FEB -2 P 12: 12

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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

Friends of David Cullen

Street Address

9131 W. Chambers St

City, State and Zip Code

Milwaukee WI 53222

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 15 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	\$ <i>20⁰⁰</i> ✓	\$ <i>4,350⁰⁰</i>
1B. Contributions from Committees (Transfers-In)	\$	\$ <i>1,200⁰⁰</i>
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>20⁰⁰</i> ✓	\$ <i>5,550⁰⁰</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>2,733.47</i> ✓	\$ <i>19,353.68</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>—</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>2,733.47</i> ✓	\$ <i>19,353.68</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>30,646¹⁰</i> ✓
Total Receipts	\$ <i>20⁰⁰</i> ✓
Subtotal	\$ <i>30,666¹⁰</i>
Total Disbursements	\$ <i>2,733.47</i> ✓
CASH BALANCE END OF REPORT	\$ <i>27,932.63</i> ✓
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>—</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>20,400</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	Signature of Candidate or Treasurer	Date: <i>2-2-15</i>
<i>David A. Cullen</i>	<i>David A. Cullen</i>	Daytime Phone: <i>414-213-3777</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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name

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
12/15/14	Harold Stops 6411 W. Moltke Milwaukee WI 53210		20 ⁰⁰	40 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 20⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 20⁰⁰

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Friends of David Cullen

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
12/6/14	U.S. Post Office Check if: <input type="checkbox"/> In-Kind Offset	stamps	\$ 98 ⁰⁰
12/6/14	Office Max 12575 W. Capital Dr Brookfield, WI 53005 Check if: <input type="checkbox"/> In-Kind Offset	printing invite	\$ 44 ³⁵
12/15/14	Kelly's Bleachers 5218 W. Bluemound Rd Milwaukee, WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Food + beverage - post election party	527 ⁰⁰
12/20/14	Best Buy 2401 N. Mayfair Rd Wauwatosa, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	cell phone cards (2 months)	64 ¹²
12/21/14	Ritch Williams 301 Melissa Lane Cotteg Grove, WI 53527 Check if: <input type="checkbox"/> In-Kind Offset	Campaign consulting	\$ 2,000 ⁰⁰
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 2,733.47

TOTAL ITEMIZED EXPENDITURES \$ —

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ —

TOTAL EXPENDITURES \$ 2,733.47

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of David Cullen

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
<u>12/3/92</u>	<u>David Cullen</u> <u>2845 N. 68th St</u> <u>Milwaukee, WI 53210</u>	<u>\$ 1,400⁰⁰</u>	<u>—</u>	<u>—</u>	<u>\$ 1,400⁰⁰</u>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
<u>2/9/93</u>	<u>David Cullen</u> <u>2845 N. 68th St</u> <u>Milwaukee, WI 53210</u>	<u>\$ 8,000⁰⁰</u>	<u>—</u>	<u>—</u>	<u>\$ 8,000⁰⁰</u>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
<u>6/28/94</u>	<u>David Cullen</u> <u>2845 N. 68th</u> <u>Milwaukee, WI 53210</u>	<u>\$ 11,000⁰⁰</u>	<u>—</u>	<u>—</u>	<u>\$ 11,000⁰⁰</u>

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 20,400⁰⁰

TOTAL OUTSTANDING LOANS \$ 20,400⁰⁰