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CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN		MILWAUKEE COUNTY ELECTION COMMISSION
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2015 FEB -6 P 1:34
Instructions for completing schedules are on the back of each schedule.		RECEIVED <i>MS</i>
COMMITTEE IDENTIFICATION		OFFICE USE ONLY
Name of Committee Dawn for Treasurer		103690
Street Address 3237 S. 57th Street		
City, State and Zip Code Milwaukee, WI 53219-4446		

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

<input checked="" type="checkbox"/> January Continuing <u>2015</u>	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	<input type="checkbox"/> Termination Report also complete Schedule 4
<input type="checkbox"/> July Continuing _____	<input type="checkbox"/> Pre-Election _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$1,443.01
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0.00	\$1,443.01
2. DISBURSEMENTS		
2A. Gross Expenditures	\$43.28	\$43.28
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$43.28	\$43.28

CASH SUMMARY	
Cash Balance Beginning of Report	\$1,443.01
Total Receipts	\$0.00
Subtotal	\$1,443.01
Total Disbursements	\$43.28
CASH BALANCE END OF REPORT	\$1,399.73
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$0.00
LOANS (Balance at the Close of This Period-3B)	\$0.00

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 Dawn Marie Sass	Signature of Candidate or Treasurer <i>Dawn Marie Sass</i>	Date: 02/01/2015 Daytime Phone: (414) 218-6475
Email dawnfortreasurer@gmail.com		

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.

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Dawn for Treasurer

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
10/20/14	1&1 Internet, Inc. 701 Lee Rd., Ste 300 Chesterbrook, PA 19087 Check if: <input type="checkbox"/> In-Kind Offset	Internet site domain fee	\$38.28
12/31/14	US Bank, P.O. Box 1800 St. Paul, MN 55101-0800 Check if: <input type="checkbox"/> In-Kind Offset	Fee - Account	\$5.00
/ /	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
/ /	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 \$ 43.28

TOTAL ITEMIZED EXPENDITURES \$ 43.28

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0.00

TOTAL EXPENDITURES \$ 43.28