

2015 JUL 17 P 12:49

RECEIVED

**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES  NO

**COMMITTEE IDENTIFICATION**

Name of Committee Elect Scott Manske

Address 611 N 76th St

City, State, ZIP Wauwatosa, WI 53213

OFFICE USE ONLY

Please check if address is different than previously reported

**NAME OF REPORT** Jan 2015 Continuing  Pre-Primary 20\_\_ Spring Fall Special  
July 20 15 Continuing  Pre-election 20\_\_ Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

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

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 110.00	\$ 110.00		
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -		
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ 110.00	\$ 110.00		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 13,482.77			
Total Receipts	\$ -			
Subtotal	\$ 13,482.77			
Total Disbursements	\$ 110.00			
<b>CASH BALANCE AT END OF REPORT</b>	\$ 13,372.77			
<b>INCURRED OBLIGATIONS (at close of period)</b>	\$ -			
<b>LOANS (at close of period)</b>	\$ 10,259.35			

*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 Scott B. Manske	Signature of Candidate or Treasurer 	Date 7/17/2015
	Email electscottmanske@att.net	Daytime Phone 414-399-9577

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, 11.61, Wisconsin Stats.

Print the completed report and file with your local clerk or election commission by the filing deadline.  
GAB-2L (04/14)

JUNE 2015

RECEIPTS

Schedule 1-A

Contributions (Including Loans) From Individuals

Complete Committee Name - Elect Scott Manske				
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place of Employment (if year to date exceeds \$100)	Amount	Calendar Year to Date Total
	NONE		-	-

SubTotal Itemized Contributions This Page	\$	-
Total Itemized Contributions	\$	-
Total Unitemized Contributions \$20 or Less	\$	-
Total Contributions Received from Individuals	\$	-

Schedule 2-A

Complete Committee Name		Elect Scott Manske	
Date	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/14/15	South Side Scholarship Foundation, P O Box 070562, Milwaukee, WI 53207 In Kind Offset <input type="checkbox"/>	Ad for annual fundraiser	\$ 70.00
2/14/15	South Side Scholarship Foundation, P O Box 070562, Milwaukee, WI 53207 In Kind Offset <input type="checkbox"/>	Fundraiser Dinner	\$ 40.00
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		

Subtotal Itemized Expenditures this page \$ 110.00  
 Total Itemized Expenditures \$ 110.00  
 Total Unitemized Expenditures \$20 or Less \$ -  
 Total Expenditures \$ 110.00

**ADDITIONAL DISCLOSURE  
Loans  
Individual, Committee or Commercial**

Complete Committee Name  
Elect Scott Manske

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
06/30/2015	Scott B. Manske 611 N 76th St. Wauwatosa, WI 53213	10,259.35	—	—	10,259.35

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
/ /					

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
/ /					

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** \$

**TOTAL OUTSTANDING LOANS** \$