MILWAUKEE COUNTY **CAMPAIGN FINANCE REPORT** 2016 JUL 17 P 12: 49 WISCONSIN LOCAL COMMITTEE RECEIVED YES NO Is this report an Amendment? COMMITTEE IDENTIFICATION Name of Committee Elect Scott Manske 611 N 76th St Address City, State, ZIP Wauwatosa, WI 53213 OFFICE USE ONLY Please check if address is different than previously reported NAME OF REPORT Jan 2015 Continuing 36 Pre-Primary 20___ Spring Fall Special July 20 **S**Continuing Pre-election 20 Spring Fall Special SUMMARY OF RECEIPTS AND DISBURSEMENTS **Audited Totals** Column A Column B 1. RECEIPTS This Period YTD Office Use Only \$ \$ A. Contributions including Loans from Individuals B. Contributions from Committees (Transfers-In) \$ \$ \$ \$ C. Other Income and Commercial Loans TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C) \$ \$ 2. DISBURSEMENTS A. Gross Expenditures \$ 110.00 \$ 110.00 \$ B. Contributions to Committees (Transfers-Out) \$ TOTAL DISBURSEMENTS (Add totals from 2A and 2B) 110.00 | \$ 110.00 CASH SUMMARY Cash Balance at Beginning of Report \$ 13,482.77 \$ **Total Receipts** \$ 13,482.77 Subtotal **Total Disbursements** \$ 110.00 CASH BALANCE AT END OF REPORT \$ 13,372.77 INCURRED OBLIGATIONS (at close of period) \$ \$ 10,259.35 LOANS (at close of period) 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 7/17/2015 Signature of Candidate or Treasurer Date Scott B. Manske 414-399electscottmanske

Email

@att.net

Daytime Phone 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)

RECEIPTS

Page 1 of 1

Schedule 1-A

Contributions (Including Loans) From Individuals

Complete	Committee Name - Elect Scott Manske			
Date	Full Name, Mailing Address and Zip	Occupation, Name and Address of	Amount	Calendar
	Code	Principal Place of Employment (if year		Year to Date
en a constitution of the		to date exceeds \$100)		Total
	NONE		-	-
	-			
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WINE CONTRACTOR OF THE CONTRAC				
				
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SubTotal Itemized Contributions This Page \$ Total Itemized Contributions \$ Total Unitemized Contributions \$20 or Less \$ Total Contributions Received from Individuals \$ -

Jun-15 Dist Schedule 2-A Gross

Disbursements
Gross Expenditures

Page 1 of 1

Complete Committee Name		Elect Scott Manske	1	
Date	Full Name, Mailing Address and Zip	Specfic Purpose of Expenditure	Amount	
	Code of Person or Business to Whom			
	Payment is Made			
2/14/15	South Side Scholarship Foundation, P O	Ad for annual fundraiser	\$ 70.00	
	Box 070562, Milwaukee, WI 53207	-	1	
	In Kind Offset			
2/14/15	South Side Scholarship Foundation, P O	Fundraiser Dinner	\$ 40.00	
	Box 070562, Milwaukee, WI 53207	7		
	In Kind Offset	<u> </u>		
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Subtotal Itemized Expenditures this page \$ 110.00

Total Itemized Expenditures \$ 110.00

Total Unitemized Expenditures \$20 or Less \$
Total Expenditures \$ 110.00

HEDULE 3-B

ADDITIONAL DISCLOSURE

Page / of/

Loans Individual, Committee or Commercial

Complete Committee Name Elect Scott Manske

Instructions fo	r completing schedules are on the back of each schedu	le.						
Full Name, Mailing Address and Zip Code of Loan Source			Outstanding		Cumulative	Outstanding		
scott B. Manske			Balance Beginning of This Period	New Loans This Period	Payments This Period	Balance End of This Period		
Date	Date OII N NOTH ST							
6130120	15 Wannatosa, W1 53	213	10,259,3	5 -	-	10,259,35		
List All Endorse	rs or Guarantors (if any)		7					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation						
oi Guarantoi		Name and Address of Employer						
			Name and Address of Employer					
			Amount Guaranteed Outstanding					
			\$					
of Guarantor	ing Address and Zip Code	Occupation						
			Name and Address of Employer					
		Amount Guaranteed Outstanding						
-	Full Name, Mailing Address and Zip Code of Loan Source	\$	Outstanding		Cumulative	Outstanding		
	Pull Name, Mailing Address and Zip Code of Loan Source		Balance Beginning	New Loans This	Payments	Outstanding Balance		
Date			of This Period	Period	This Period	End of This Period		
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I ist All Endorse	rs or Guarantors (if any)							
2001 an 20100	is of Guarantors (if any)							
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation						
oi Odarantoi		Name and Address of Employer						
		Name and Address of Employer						
		Amount Guaranteed Outstanding						
<u> </u>	~~~	\$						
Full Name, Mailing Address and Zip Code of Guarantor		Occupation						
		Name and Address of Employer						
		Amount Gu	uaranteed Outstanding					
HC: MARKED (SEE	Full Name Mailing Address and 7's Oads of the Oasts	\$	1 044 " 1					
	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding Balance		
Date			of This Period	Period	This Period	End of This Period		
1 1						-		
	rs or Guarantors (if any)							
LIST All Elidoise	is or Guarantois (ir any)				1			
Full Name, Mail	ing Address and Zip Code	Occupation	1	25.00 Tell				
of Guarantor								
		Name and Address of Employer						
			Amount Guaranteed Outstanding					
			\$					
Full Name, Mailing Address and Zip Code of Guarantor			n					
			Name and Address of Employer					
		Amount Gu	uaranteed Outstanding			7. market (1.00)		
		\$				1		
			SUBTOTAL O	UTSTANDING LOA	NS THIS PAGE	\$		
				TOTAL OUTSTA	ANDING LOANS	\$		