CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

MILWAUKEE COUNTY
ELECTION COMMISSION

2016 MAR 28 P 2: 20

RECEIVED μ

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

COMMITTEE IDENTIFICATION

Name of Committee
Citizens for Joseph Thomas Klein

Street Address
3425 N Bartlett Ave.

City, State and Zip Code
Milwaukee, WI 53211

OFFICE USE ONLY

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 2016
☒ Spring
☐ Fall
☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 50.14	$ 285.12
1B. Contributions from Committees (Transfers-In)	$ —	$ —
1C. Other Income and Commercial Loans	$ —	$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 50.14	$ 285.12
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 50.14	$ 285.12
2B. Contributions to Committees (Transfers-Out)	$ —	$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 50.14	$ 285.12

CASH SUMMARY

Cash Balance Beginning of Report	$ 145.00
Total Receipts	$ 50.14
Subtotal	$ 195.14
Total Disbursements	$ 50.14
CASH BALANCE END OF REPORT	$ 145.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —
LOANS (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
Mary Jo Klein

Signature of Candidate or Treasurer
Mary Jo Klein

Email mjk@ wipp.coop

Date: 3-28-16

Daytime Phone: 414-628-3381

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

Citizens for Joseph Thomas Klein

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
2/12/16	Joseph Thomas Klein 3425 N Bartlett Ave. Milwaukee, WI 53211 — Check if: ☒ In-Kind ☐ Loan ☐ Conduit	Consultant — Conduit Name:	29.56	264.54
2/15/16	Joseph Thomas Klein 3425 N. Bartlett Ave. Milwaukee WI 53211 — Check if: ☒ In-Kind ☐ Loan ☐ Conduit	Consultant — Conduit Name:	20.58	285.12
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 50.14
TOTAL ITEMIZED CONTRIBUTIONS	$ 50.14
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ —
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 50.14

Complete Committee Name
Citizens for Joseph Thomas Klein

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/2/16	Office Depot Store 141 362 E. Capitol Dr. Milwaukee, WI 53212 Check if: ☒ In-Kind Offset	paper	29.56
2/5/16	Office Depot Store 141 362 E. Capitol Dr. Milwaukee, WI 53212 Check if: ☒ In-Kind Offset	paper	20.58
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 50.14
TOTAL ITEMIZED EXPENDITURES	$ 50.14
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ —
TOTAL EXPENDITURES	$ 50.14