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EOCAL COMM	E - 1		
Is This Report an Amendment:	⊠ No		MILWAUKEE PLECTION COI
Instructions for completing schedules are on the bac	k of each schedule.		RECEIVE
COMMITTEE IDENTIFICATION			
Dawn for Treasurer Street Address		- 11	OFFICE USE ONLY
3237 So. 57th St.			OFFICE OSIGNES
City, State and Zip Code Milwaukee, WI 53219-4440	0		103698
Please check if address is different than previously reported, an	d complete the Campaign Re	gistration Statemen	t in the back of this form. 🔲
NAME OF REPORT			
□ January Continuing 2017 □ Pre-Primary □     □ July Continuing □ □ Pre-Election □		Fall Speci	ial Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period	Column E Calendar Year-To-Da	
1. RECEIPTS			
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0	
1B. Contributions from Committees (Transfers-In)	\$ 0	18 8	
1C. Other Income and Commercial Loans	\$ 0	\$ Q	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ &	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 43.28	\$ 81.56	A Consideration
2B. Contributions to Committees (Transfers-Out)	\$ 0	s &	d resolution
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$43.28	\$ 81.56	,
CASH SUMMARY			
Cash Baiance Beginning of Report	\$1,289.89		And the control of th
Total Receipts	\$ 8		
Subtotal	\$1,289.89		
Total Disbursements	\$ 43.28		
CASH BALANCE END OF REPORT	\$ 1,246.61	1000	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ &	Market and Advisory	
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	Signature of Candidate or Treasurer	Date: 1/16/17
T M C	Dawn Marie Sass	
Dawn Marie Sass	Email dm5918@ ya hoo. com	Daytime Phone: (414) 218-6475

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

## DISBURSEMENTS Gross Expenditures

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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		
9/27/16	www.IANDI.com 701 Lee Road Chesterbrook, PA 19087	website domain	\$ 38.28		
	Check if: D In-Kind Offset				
12/30/16	U.S. Bank P.O. Box 1800 St. Paul, MN 55101-0800 Check If: [] In-Kind Offset	Acct. fee	± 5.00		
	Check if: ☐ In-Kind Offset				
	Check if: 🛱 In-Kind Offset				
	Check if: 🗓 In-Kind Offset				
	Check if: 🔲 In-Kind Offset				
	Check if: ☐ In-Kind Offset				
	Check if: 🔲 In-Kind Offset				
	s 43.28				
	s 43.28				
		TOTAL UNITEMIZED EXPENDITURES	s O		
		TOTAL EXPENDITURES	- 43-28		