CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2017 AUG -2 P 12:00
RECEIVED
OFFICE USE ONLY

Is This Report an Amendment: ☐ Yes ☐ No

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

COMMITTEE IDENTIFICATION

Name of Committee: BRODERICK FOR COUNTY BOARD

Street Address: 3517 N PROSPECT AVE

City, State and Zip Code: MILWAUKEE, WI 53211

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 ____
☑ July Continuing 2017 ☐ Spring ☐ Fall ☐ Special
☐ September Continuing ____ ☐ Pre-Election ____

☐ 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	$	$
1B. Contributions from Committees (Transfers-In)	$	$
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$	$
2. DISBURSEMENTS		
2A. Gross Expenditures	$	$
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ —0—	$ —0—

CASH SUMMARY	
Cash Balance Beginning of Report	$ 2231.79
Total Receipts	$ —
Subtotal	$ 2231.79
Total Disbursements	$ 35.00
CASH BALANCE END OF REPORT	$ 2196.79
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	Signature of Candidate or Treasurer	Date:
GERRY BRODERICK	Gerry Broderick	7-29-2017
	Email:	Daytime Phone:

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.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
BRODERICK FOR COUNTY BOARD

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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
2.14.17	US BANK PO BOX 1800 ST Paul MN 55101-0800 Check if: ☐ In-Kind Offset	Analysis service charge	5.00
3.14.17	US BANK Check if: ☐ In-Kind Offset	Analysis Service charge	5.00
4.14.17	US BANK Check if: ☐ In-Kind Offset	Analysis Service charge	5.00
5.12.17	US BANK Check if: ☐ In-Kind Offset	analysis service charge	5.00
5.31.17	US BANK Check if: ☐ In-Kind Offset	Dormant service charge	5.00
6.14.17	US Bank Check if: ☐ In-Kind Offset	Analysis Service Charge	5.00
6.30.17	US BANK Check if: ☐ In-Kind Offset	DORMANT Service CHARGE	5.00
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 35.00
TOTAL ITEMIZED EXPENDITURES	$ 35.00
TOTAL UNITEMIZED EXPENDITURES	$ -0-
TOTAL EXPENDITURES	$ 35.00