

CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE			
Is this report an Amendment?		YES	X 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 <input type="checkbox"/>			
NAME OF REPORT	<input type="checkbox"/> Jan 2018 Continuing	<input type="checkbox"/> Pre-Primary 20__	<input type="checkbox"/> Spring
	<input checked="" type="checkbox"/> July 2018 Continuing	<input type="checkbox"/> Pre-election 20__	<input type="checkbox"/> Fall
			<input type="checkbox"/> Special
			<input type="checkbox"/> Special
SUMMARY OF RECEIPTS AND DISBURSEMENTS			
	Column A	Column B	Audited Totals
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	\$ 699.65	\$ 699.65	
B. Contributions to Committees (Transfers-Out)	\$ -	\$ -	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 699.65	\$ 699.65	
CASH SUMMARY			
Cash Balance at Beginning of Report	\$ 17,901.75		
Total Receipts	\$ -		
Subtotal	\$ 17,901.75		
Total Disbursements	\$ 699.65		
CASH BALANCE AT END OF REPORT	\$ 17,202.10		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 10,259.35		
<i>I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.</i>			
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date 6/15/2018	
Scott B. Manske			
	Email smanske4@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)

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
2/10/18	South Side Scholarship Foundation, P O Box 070562, Milwaukee, WI 53207 In Kind Offset <input type="checkbox"/>	Ad for annual fundraiser	\$ 125.00
3/30/18	Grant, Paul; 8042 W Forest Home Ave; Franklin, WI 53132 In Kind Offset <input type="checkbox"/>	Candy for 4th of July Parade	\$ 574.65
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
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	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		
	In Kind Offset <input type="checkbox"/>		

Subtotal Itemized Expenditures this page \$ 699.65
 Total Itemized Expenditures \$ 699.65
 Total Unitemized Expenditures \$20 or Less \$ -
 Total Expenditures \$ 699.65

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
06/30/18	Scott 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
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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
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Full Name, Mailing Address and Zip Code of Guarantor	Occupation
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Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$ 10,259.35
TOTAL OUTSTANDING LOANS	\$ 10,259.35