CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			ema	iled 17-18 A
Is This Report an Amendment:			7-	17-18 AC
Instructions for completing schedules are on the back	of each schedule.			
COMMITTEE IDENTIFICATION				
Dawn for Treasurer				
3237 So. 57 th St.			OFFICE USE ONLY	
City, State and Zip Code Milwankee, WI 53219-4446				3690
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ement in the b	ack of this form.
NAME OF REPORT				
January Continuing 2018 Pre-Primary	Spring F	fall	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colu	nn B	
DISBURSEMENTS	This Period	Cale	ndar	
1. RECEIPTS		Year-T	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 8	\$ 10.00	3	
1B. Contributions from Committees (Transfers-In)	\$ &	\$ 8		
1C. Other Income and Commercial Loans	\$ &	\$ 8		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 8	\$ 10.00	0	
2. DISBURSEMENTS		ng managan kanagan kan		
2A. Gross Expenditures	\$ 65.94	\$ 104.	22	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ X		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$65.94	\$ 104.	22	
CASH SUMMARY				
Cash Balance Beginning of Report	\$1,218.33			
Total Receipts	\$ 8			
Subtotal	\$1,218.33			
Total Disbursements	\$65.94			
CASH BALANCE END OF REPORT	\$1,152.39	-		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 8			
LOANS (Balance at the Close of This Period-3B)	s &]		

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 Treasures	Date: 1-10-18
Dawn Marie Sass	Down Marie Saso Email sassforstate treasurer	e ya hoo. com (408) 424-3095

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 Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

DISBURSEMENTS Gross Expenditures

Page ____ of ___

Complete Commi							
Dawr	1 for Ireasurer						
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				
3/57/18	WWW. Land I. com 701 Lee Rolo Chesterbrook, P.# 19087 Checkif: 1 In-Kind Offset	Website domain hosting	\$ 65.94				
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	Check if: [7] In-Kind Offset		1 - 0 1				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 65.94				
		TOTAL ITEMIZED EXPENDITURES	\$ 65.94				
	s D						
		TOTAL EXPENDITURES	\$ 65.94				



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Commi			
Dawy	n for Treasurer		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
			iotai .
1//	Sass for State Treasurer 35% Sugar Avenue Belleville, WI 53508-9046	l	
33118	35% Sugar Avenue	\$1,086.45	\$1 08% Ye
1 '5'	Belleville, WI 53508-9046	1)000.73	-1,000113
	Check if: In-Kind Loan		
-			
	Check if: 🔯 In-Kind 🖸 Loan		
	Check II. [4] In-Nind [4] Loan		· · · · · · · · · · · · · · · · · · ·
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	Check if: [] In-Kind [] Loan		
VIII.			
	Check if: 🖸 In-Kind 🖸 Loan		
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1			
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	Check if: 🔲 In-Kind 🖂 Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	1 550/ 1/5-	\$1 101 40
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 1,086,43	1-170000173

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$1,086.45 \$1,086.45