

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
Martin for Milwaukee

Street Address
4629 W Scranton Pl

City, State and Zip Code
Milwaukee, WI 53216

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

- | | | | | | |
|---|---|---------------------------------|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> January Continuing _____ | <input type="checkbox"/> Pre-Primary _____ | <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | <input type="checkbox"/> Termination Report also complete Schedule 4 |
| <input checked="" type="checkbox"/> July Continuing <u>2021</u> | <input type="checkbox"/> Pre-Election _____ | | | | |
| <input type="checkbox"/> September Continuing _____ | | | | | |

SUMMARY OF RECEIPTS AND DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$500.00 | \$500.00 |
| 1B. Contributions from Committees (Transfers-In) | \$0 | \$0 |
| 1C. Other Income and Commercial Loans | \$ 0 | \$ 0 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$500.00 | \$500.00 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 19.75 | \$19.75 |
| 2B. Contributions to Committees (Transfers-Out) | \$0 | \$0 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$19.75 | \$19.75 |

CASH SUMMARY

| | |
|---|-------------|
| Cash Balance Beginning of Report | \$1,598.63 |
| Total Receipts | \$500 |
| Subtotal | \$ |
| Total Disbursements | \$19.75 |
| CASH BALANCE END OF REPORT | \$ 2,078.88 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ |
| LOANS (Balance at the Close of This Period-3B) | \$ 2900.00 |

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 Terrell Martin | Signature of Candidate or Treasurer  | Date: 7/1/2021 |
| | Email tfmartin824@msn.com | Daytime Phone: 414-758-1261 |

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.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Martin for Milwaukee

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|-----------|---|--|------------------------|-------------|
| 1/26/2021 | Emery Harlan 2010 La Charndelle CT Brookfield, WI 53045 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Lawyer | \$500.00 | \$500.00 |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | | |

| | | |
|--|-----------|--------|
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | \$ 500.00 | 500.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | \$ | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | \$ 500.00 | |

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Martin For Milwaukee

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 |
|---|---|---------------------------------|-----------------|
| 01/26/20 21 | Actblue 366 Summer St. Somerville, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset | Processing Fee | \$19.75 |
| | Check if: <input checked="" type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ 19.75 |
| TOTAL ITEMIZED EXPENDITURES | | | \$ |
| TOTAL UNITEMIZED EXPENDITURES | | | \$ |
| TOTAL EXPENDITURES | | | \$ 19.75 |

SCHEDULE 3-B

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Complete Committee Name
Martin for Milwaukee

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

| | | | | | |
|---------------------------|--|--|-----------------------|---------------------------------|--|
| | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
| Date 1 / 8 / 19 | Felesia Martin 4629 W Scranton Pl Milwaukee, WI 53216 | \$2900.00 | | | \$2900.00 |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

| | | | | | |
|-------------|--|--|-----------------------|---------------------------------|--|
| | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
| Date / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

| | | | | | |
|-------------|--|--|-----------------------|---------------------------------|--|
| | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
| Date / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|--|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 2900.00

TOTAL OUTSTANDING LOANS \$ 2900.00