

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Received 4/11/2022 @
9:58pm MRH

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

COMMITTEE IDENTIFICATION

Name of Committee

TASE FOR SUPERVISOR

Street Address

4660 NORTH ARDMORE AVENUE

City, State and Zip Code

WHITEFISH BAY, WI 53211

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

- January Continuing Pre-Primary Spring Fall Special
 July Continuing Pre-Election Termination Report
 September Continuing also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
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)	\$ 0	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$
CASH BALANCE END OF REPORT	\$ 0
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

PETER M. TASE

Signature of Candidate or Treasurer

Peter Tase
Email: PMTASE@GMAIL.COM

Date:

APRIL 5, 2022

Daytime Phone: 414 544 0555

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

TASE FOR SUPERVISOR

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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
1-18-22	DELUXE BUSINESS SYSTEMS C/O U.S. BANK, BAYSHORE 5888 N. PORT WASHINGTON RD. GLENDALE, WI. 53217 Check if: <input type="checkbox"/> In-Kind Offset	CHECKS AND ELECTRONIC WITHDRAWAL/DEBIT CARD	\$57.43
1-21-22	BAVARIAN BIERHAUS 700 W. LEXINGTON BLVD. GLENDALE, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN EVENT - RENTAL AND SNACKS	\$285.72
1-19-22	COLONIAL QUALITY PRINTING. 2997. S. HOWELL AVENUE MILWAUKEE, WI. 53207 Check if: <input type="checkbox"/> In-Kind Offset	(PRINTING OF CAMPAIGN CARDS)	\$1,052.89
1-19-22	ROBERT MULCAHY 1093 EAST CIRCLE DR. WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	REIMBURSEMENT - CAMPAIGN SIGN.	\$42.20
2/5/22	CHARLES MULCAHY 401 EAST BEAUMONT AVE. WHITEFISH BAY, WI, 53217 (#417) Check if: <input type="checkbox"/> In-Kind Offset	REIMBURSEMENT - STAMPS FOR U.S. POSTAGE	\$50.00
1-10-22	FEDEX OFFICE 5353 NORTH PORT WASHINGTON RD. MILWAUKEE, WI. 53217 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN BROCHURES	\$72.99
12-27-21	INTERNAL REVENUE SERVICE (FILING EMPLOYER ATTN: EIN OPERATION CINCINNATI, OH. 45999 Check if: <input type="checkbox"/> In-Kind Offset	IDENTIFICATION NUMBER - EIN)	\$250.00
2-1-22	JOHN T. MULCAHY 3007 E. FREMONT ROAD PHOENIX, AZ 85042 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$100.00
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1,911.23
TOTAL ITEMIZED EXPENDITURES			\$ 1,911.23
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 1,911.23

Complete Committee Name

TASE FOR SUPERVISOR

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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
2-1-22	ANDONIKA KOSOVA 1600 E. RIVER PARK CT. MILWAUKEE, WI 53211 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$150.00
2-1-22	WAY THOMPSON 708 EAST DAY AVENUE WHITEFISH BAY, WI. 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$50.00
2-1-22	ERIC RUMBAUGH 505 WEST ACACIA RD. GLENDALE, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$150.00
2-1-22	BARBARA ANDERSON 925 W. DEAN ROAD MILWAUKEE, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$50.00
2-1-22	JOHN EMORY 302 EAST ACACIA ROAD FOX POINT, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$50.00
2-1-22	INNA TURNER 5925 NORTH BERKELEY BLVD. WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTIONS	\$100.00
2-1-2022	BETSY TRIMBLE 6161 N. BERKELEY BLVD. WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$200.00
2-1-22	MARY ROETS 5554 NORTH DIVERSEY BLVD. WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$100.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 850.00

TOTAL ITEMIZED EXPENDITURES

\$ 2,761.23

TOTAL UNITEMIZED EXPENDITURES

\$ 0

TOTAL EXPENDITURES

\$ 2,761.23

Complete Committee Name
TASE FOR SUPERVISOR

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
2-1-22	JOHN CRICHTON 7014 NORTH BARNETT LANE FOX POINT, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$250.00
2-1-22	GORDON LANG 301 EAST BEAUMONT AVE. WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$100.00
2-1-22	JOHN SCHREIBER 404 EAST CARLISLE AVENUE WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$150.00
2-1-22	ROBERT SEELMAN 911 EAST CIRCLE DRIVE WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$50.00
2-2-22	ROBERT MULCAHY 1093 EAST CIRCLE DRIVE WHITEFISH BAY, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	RETURN OF CAMPAIGN CONTRIBUTION	\$50.00
1-24-22	FEDEX OFFICE 5353 N. PORT WASHINGTON RD. MILWAUKEE, WI 53217 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING OF CAMPAIGN CARDS	\$138.77
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 738.77
TOTAL ITEMIZED EXPENDITURES	\$ 3,500.00
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 3,500.00

TERMINATION REQUEST

Complete Committee Name

TASE FOR SUPERVISOR

Ethics ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

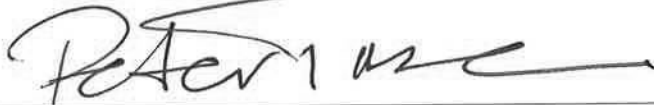
Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.



Signature of Candidate or Treasurer

April 5th, 2022

Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.