-	CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE									
WISC	JONSIN LOCAL CON	/IIVII I	IEE		Deseived on 20	204/04 @ 0.54 DM _ LI				
Is this report an Amendment?		YES NO <u>X</u>			Received on 3/24/24 @ 8:54 PM - JJ					
COMMITTEE IDENTIFICATION					-					
Bielinski for Milwaukee County										
9817 W Harrison Ave										
West Allis, WI 53227					OFFICE USE ON	LY				
Please check if address is different th	nan previously reported									
NAME OF REPORT										
Jan 20 Continuing	Pre-Primary 20					Termination Report				
July 20 Continuing	Pre-Election 2024	<u>s</u>	pring_X_	Fall	Special	(must also file				
September 20 Continuing	Post-Election 20					Termination Request)				
OUMANA DV OF DECEMBED AND	DIODUDOEMENTO	Τ.	\-\ A	0 - l B	Accellant Totals					
SUMMARY OF RECEIPTS AND	-	olumn A	Column B	Audited Totals						
1. RECEIPTS		1	nis Period	YTD	Office Use Only					
A. Contributions including Loa		\$	50.00							
B. Contributions from Commit	,	\$	750.00							
C. Other Income and Comme TOTAL RECEIPTS (Add totals f		\$ \$	- 000.00	\$ -						
2. DISBURSEMENTS	on in, ib, and ic)	Ф	800.00	Φ -						
		ď	1.00							
A. Gross Expenditures  B. Contributions to Committee	On (Transfers Out)	\$	1.98							
TOTAL DISBURSEMENTS (Add		\$	1.98	\$ -						
TOTAL DIODOROLINEITTO (Add	z totalo from 27 tana 25)	Ψ	1.30							
CASH SUMMARY						-				
Cash Balance at Beginning of R	eport	\$	289.62							
Total Receipts		\$	800.00							
Subtotal		\$	1,089.62							
Total Disbursements		\$	1.98							
CASH BALANCE AT END OF R	EPORT	\$	1,087.64							
INCURRED OBLIGATIONS (at	\$	-								
LOANS (at close of period)		\$	-							
I certify that I h	ave examined this report and	d to the	best of my kn	owledge and belief	it is true, correct and	complete				
Type or Print Name of Candidate or	Treasurer:	Signa	ature of Candid	late or Treasurer:	V 1.	Q dut.				
  4!: D!	مانه ماد:	Date:	March 24, 20	24	Show	Bidun				
Justin Bi	eiinski	Emai	l: votebielinsk	@gmail.com	$\mathcal{O}$					
		Daytii	me Phone Nur	nber: 414-208-928	3					

**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.

Print and sign the completed report and file with your local clerk or election commission by the filing deadline.

ETHCF-2LE (01/16)

## **Contributions Including Loans from Individuals**

<u>IN-KIND</u>	CONDUIT	DATE	<u>LAST</u>	FIRST	<u>ADDRESS</u>	CITY	<u>ST</u>	<u>ZIP</u>	OCCUPATION	AMOUN	<u></u>	<u>YTD</u>	COMMENTS
		01/03/24	Panawash- Bielinski	Brenda	N16W26401 Meadowgrass Cir	Pewaukee	WI	53072	Retired	\$ 50.0	o \$	\$ 50.00	
											$\pm$		
											$\pm$		
											$\pm$		
											+		

#### **Contributions from Committees**

IN- KIND	DATE	COMMITTEE NAME	Ethics ID#	ADDRESS	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	AMOUNT	YTD_	COMMENTS
	02/07/24			P.O. Box 8003	Madison	WI	53708	\$ 500.00	\$ 500.00	
	03/12/24	Service Employee Int'l Union WI State Council PAC	0500907	33 Nob Hill Rd	Madison	WI	53713	\$ 250.00	\$ 250.00	

## **Other Income and Commercial Loans**

DATE	<u>NAME</u>	<u>ADDRESS</u>	CITY	<u>ST</u>	<u>ZIP</u>	REASON FOR INCOME	AMOUNT	COMMENTS
						_		
				<u> </u>				
<u> </u>								
-								

#### SCHEDULE 2-A

## **Gross Expenditures**

<u>IN-KIND</u>	<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	CITY	<u>ST</u>	ZIP	<u>PURPOSE</u>	AMOU	<u>INT</u>
	04/00/04	A IBI	D O D 444440			00444			4 00
	01/03/24	ActBlue, Inc.	P.O. Box 441146	Somerville	MA	02144	Transaction fees for online donations	\$	1.98

#### **Contributions to Committees**

<u>IN-KIND</u>	DATE	<u>NAME</u>	Ethics ID#	ADDRESS	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	AMOUNT	<u>YTD</u>	COMMENTS
-										
					_					

## SCHEDULE 3-A

# **Incurred Obligations Excluding Loans**

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	CITY	<u>ST</u>	<u>ZIP</u>	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -

SCHEDULE 3-B Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	CITY	<u>ST</u>	<u>ZIP</u>	Outstanding Balance Beg of Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ - \$ -	
									<del>\$</del> -	
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