

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2

COMMITTEE IDENTIFICATION

| | | |
|---------------------------------------|---|---|
| Filing Period Name: | Fall Pre-Primary 2014 Covers all activity from 07/01/2014 through 07/28/2014 | OFFICE USE ONLY GAB ID: 0105459 |
| Name of Committee/Corporation: | Burke for Wisconsin | |
| Street Address: | PO Box 2479 | |
| City, State and Zip: | Madison, WI 53701 | |

| <i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i> | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|-----------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$458,934.91 | \$3,748,081.81 |
| 1B. Contributions from Committees (Transfers-In) | \$43,128.00 | \$403,248.37 |
| 1C. Other Income and Commercial Loans | \$0.00 | \$0.00 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$502,062.91 | \$4,151,330.18 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$1,322,350.43 | \$3,736,342.91 |
| 2B. Contributions to Committees (Transfers-Out) | \$0.00 | \$0.00 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$1,322,350.43 | \$3,736,342.91 |

CASH SUMMARY

| | | |
|---|-----------------------|--|
| Cash Balance Beginning of Report * | \$2,556,644.32 | |
| Total Receipts | \$502,062.91 | |
| Subtotal | \$3,058,707.23 | |
| Total Disbursements | \$1,322,350.43 | |
| CASH BALANCE END OF REPORT * | \$1,736,356.80 | |
| INCURRED OBLIGATIONS | | |
| (Balance at the Close of This Period-3A) | \$195,978.81 | |
| LOANS (Balance at the Close of This Period-3B) | \$0.00 | |

**Cash Balance as reported by committee*

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: Conroy, Sheila | Signature of Candidate or Treasurer | Date: Daytime Phone: |
|---|-------------------------------------|-------------------------|

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

The complete report, with all the schedules is 415 pages long.

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