CAMPAIGN FINANCE REPORT STATE OF WISCONSIN GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2014	OFFICE USE ONLY
	Covers all activity from 01/01/2014 through 06/30/2014	
Name of Committee/Corporation:	Burke for Wisconsin	1/2
Street Address:	PO Box 2479	GAB ID: 0105459
City, State and Zip:	Madison, WI 53701	-

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$3,289,186.90	\$3,289,186.90
1B. Contributions from Committees (Transfers-In)	\$360,120.37	\$360,120.37
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$3,649,307.27	\$3,649,307.27
2. DISBURSEMENTS	-	
2A. Gross Expenditures	\$2,413,992.48	\$2,413,992.48
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$2,413,992.48	\$2,413,992.48

CASH SUMMARY

Cash Balance Beginning of Report*	\$1,321,329.53	
Total Receipts	\$3,649,307.27	
Subtotal	\$4,970,636.80	
Total Disbursements	\$2,413,992.48	
CASH BALANCE END OF REPORT *	\$2,556,644.32	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$196,077.51	
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:	Signature of Candidate or Treasurer	Date:
Conroy, Sheila		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 2788 pages long.

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