

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

**Is This Report an Amendment:**     Yes             No

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

RECEIVED  
JUL 23 2012  
GOVERNMENT ACCOUNTALITY BOARD  
**OFFICE USE ONLY**

**COMMITTEE IDENTIFICATION**

Name of Committee: Committee to ELECT CINDY MOORE

Street Address: 14735 W. Fleetwood LN

City, State and Zip Code: NEW BERLIN WI 53151

GAB ID Number: 0105343

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

**REPORT PERIOD**

January Continuing     Pre-Primary     Spring     Fall     Special     Termination Report  
 July Continuing 2012     Pre-Election    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	\$ 1,000.00	\$ 1,000.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 1,000.00	\$ 1,000.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 52.54	\$ 52.54
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 52.54	\$ 52.54

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 947.46
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -00
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 1,000.00

*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 <u>CINDY MOORE</u>	Signature of Candidate or Treasurer <u>Cindy Moore</u>	Date: <u>7-20-2012</u>
		Daytime Phone: <u>262 617 4014</u>

**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to file this report is a violation of ss.11.60, 11.61, Wis. Stats.  
GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability Board  
608-266-8005.



0105343-99

Penalties of

Complete Committee Name  
**COMMITTEE TO ELECT CINDY MOORE**

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
6/18/12	CINDY MOORE 14735 W. Pictetwood LN New Berlin WI 53151 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	SALES MCR - 3344 Hwy 149 Egan MN 55121	1,000-	1,000-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ 1,000-	1,000-
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ 1,000	1,000-
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ 0	0
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ 1,000-	1,000-

Complete Committee Name  
**COMMITTEE TO ELECT CINDY MOORE**

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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
6.21.12	<b>TARGET</b> <b>9798 S. MOORLAND RD.</b> <b>NEWBERLIN, WI</b> <b>53151</b> Check if: <input type="checkbox"/> In-Kind Offset	<b>PHOTO OF C. MOORE</b> <b>FOR ADVERTISING</b>	<b>\$ 52.54</b>
	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		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	<b>\$ 52.54</b>
<b>TOTAL ITEMIZED EXPENDITURES</b>	<b>\$ 52.54</b>
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	<b>\$ —</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 52.54</b>



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

Complete Committee Name  
**COMMITTEE TO ELECT CINDY MOORE**

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

Date	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
6/18/12	CINDY MOORE 14735 W. FLEETWOOD LN NEW BERUN, WI 53151	0	1,000-	0	1,000-

List All Endorsers or Guarantors (if any) **NONE**

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

Date	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
/ /					

List All Endorsers or Guarantors (if any)

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

Date	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
/ /					

List All Endorsers or Guarantors (if any)

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

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ 1,000-
<b>TOTAL OUTSTANDING LOANS</b>	\$ 1,000-