

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Rec'd 4-13-15 AR

Is This Report an Amendment:     Yes             No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

VanderLeest for Mayor

Street Address

146 ALPINE Drive

City, State and Zip Code

Green Bay WI 54302

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     Spring     Fall     Special

Termination Report  
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	\$ <del>1170.90</del>	\$
1B. Contributions from Committees (Transfers-In)	\$ _____	\$
1C. Other Income and Commercial Loans	\$ _____	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 1170. <sup>90</sup>	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1172. <sup>91</sup>	\$
2B. Contributions to Committees (Transfers-Out)	\$ _____	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ _____	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 2.09
Total Receipts	<del>1170.90</del> 1170. <sup>82</sup>
Subtotal	\$ 1172. <sup>91</sup>
Total Disbursements	\$ 1172. <sup>91</sup>
<b>CASH BALANCE END OF REPORT</b>	\$ 0
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ _____
<b>LOANS</b> (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	Signature of Candidate or Treasurer	Date: 2/19/2015
David VanderLeest	David VanderLeest@hotmail.com	Daytime Phone: 920-784-7807

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.

Complete Committee Name  
Vander Leest for Mayor

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2/17/15	<del>XXXXXXXXXX</del> TROY Laseki	Real Estate Developer	1000	1000
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/19/15	David Vanderleest 146 ALPINE Dr Green Bay WI 54302	Wind farm Developer 146 ALPINE Drive Green Bay WI 54302	<del>XXXXXXXXXX</del> 170.82	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1170.82
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1170.82
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1170.82

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Vander Leest for Mayor

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
2/11/15	WTAQ 1420 Bellevue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ad	786
2/8/15	Face book menloPark CA 1 Hacker way Check if: <input type="checkbox"/> In-Kind Offset	advertisement	386. <sup>91</sup>
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1172. <sup>91</sup>
TOTAL ITEMIZED EXPENDITURES			\$ 1172. <sup>91</sup>
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —
TOTAL EXPENDITURES			\$ 1172. <sup>91</sup>

**SCHEDULE 4****TERMINATION REQUEST**

Complete Committee Name

VanderLeest for Mayor

- 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.
- 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.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, 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. 11.12(3))

**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

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.

David Vander Leest

Signature of Candidate or Treasurer

2-19-15

Date