CAMPAIG LOCAL COM	Ree'd 1/2/19				
Is This Report an Amendment:	This Report an Amendment:				
Instructions for completing schedules are on the ba	<i>"</i>		'	1000	
COMMITTEE IDENTIFICATION	or o				
N	CRD: to	+1/			
Galvin for Alder per SON - Street Address	G, D, VIS/110	SIN	OF	FICE USE ONLY	
1244 Emile Street			O.	FREE USE ONLT	
Green Bay WI 543	01		· 		
Please check if address is different than previously reported, a	nd complete the Campaign Reg	istration State	ment in the b	ack of this form.	
NAME OF REPORT			,		
January Continuing Pre-Primary					
July Continuing Pre-Election	Spring 1	Fall LL S	Special	Termination Report also complete Schedule 4	
				<u> </u>	
SUMMARY OF RECEIPTS AND	Column A	Colun	nn B		
DISBURSEMENTS	This Period	Caler Year-To			
1. RECEIPTS		real-10	O-Date		
1A. Contributions (Including Loans) from Individuals	<u> </u>	s <i>∝</i> 3.	37,73		
1B. Contributions from Committees (Transfers-In)	s - O -	\$	-0-		
IC. Other Income and Commercial Loans	\$ •/2	\$	1/2		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$			
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ = 0 -	\$ -	0-		
2B. Contributions to Committees (Transfers-Out)	s - o -	\$	0-		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s - O -	\$ -0	7 - C		
CASH SUMMARY					
Cash Balance Beginning of Report	s 2337.73				
Total Receipts	s .12				
Subtotal	s 2337.85	:			
Total Disbursements	s - O -]			
CASH BALANCE END OF REPORT	s 2337. 85				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s -0-		,		
LOANS (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: 1-7-2019 Day ene Marcelle-Treasure Email Solmancelle Etds. Net Daytime Phone: 468-1191					
Darlene Marcelle-Ireasurel	Email dam ar celle	@ tds.Ne	** Daytime 1	Phone: 4/68-1/9/	

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.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

Complete Committee Name

instructions for	completing schedules are on the back of each sc	nequie.		
D-4-	Cult blooms besites a delegan and 25 Conta	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/	Tutorest ON	Interest	,	
12/21/2	TNterest on Account	-L. / V / ~ '		, /a/
13/18	Hecount			,
2				
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethks ID#			
	Check if: 🔲 In-Kind 🖂 Loan 🖟 Conduit Ethics ID#			
				·
	Check if: In-Kind In Loan Conduit - Ethics ID#			
		; 1 1		
		, 1 1		
····-	Check if:			
		; ; ;		
}		! !		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		, 1 1 1 1		
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#	1		· · · · · · · · · · · · · · · · · · ·
		3 2 1 1		
		, 		
Ì		; ; ;		
	feed head her			
<u> </u>	Check if: In-Kind Loan Conduit - Ethics ID#			
			,	
	Check if: In-Kind In-Loan Conduit - Ethics ID#			
	SUBTOTAL	\$	1/2	
		\$		
	TOTAL ANON	\$		
		IYMOUS CONTRIBUTIONS \$10 OR LESS UTIONS RECEIVED FROM INDIVIDUALS		.12
	MUTAL CONTRIB	۱ ۳	1 1 1 5	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page 3 of 3

Complete Committee Name
Galvin for Alderperson-G.B. Dist4

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

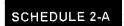
Date	Full Name of Committee, Mailing Address and Zip Code	Amo	ount of Contribution
	\ //		
	Check if: In-Kind I Loan	<u> </u>	
	Check if:		
· · · · · · · · · · · · · · · · · · ·	Glown. Ed in Alice Con		
	Check if: [] In-Kind [] Loan		
	Check if:		
	Check if:		
	Check if: 🔟 In-Kind 🔟 Loan		
			·
	Check if: 🖂 In-Kind 🔁 Loan	ļ	
	Check if: 🔲 in-Kind 🔟 Loan		
			
	Check if:	<u> </u>	ati,
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$	~ 0 -
			<u>-0-</u>
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$	-0-

SCHEDULE 1-C

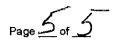
RECEIPTS Other Income and Commercial Loans

Page 4 of 4

Complete Committee Name Galvin For Alderperson - Dis 74 - G, B Instructions for completing schedules are on the back of each schedule.							
Instructions (for completing schedules are on the back of each sche	tule.					
Date	Full Name, Malling Address and Zip Code of Source of Income	Type of Income	Amount				
	or source or moorne						
		}					
]	٨. ٠						
ļ							
	/ /						
ļ	/ <i>/</i> /	$V \mathcal{A}$.					
	·						
		<i></i>	 				
	•						
			· · · · · · · · · · · · · · · · · · ·				
ļ	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
 			·				
	<u> </u>						
L	<u>L</u>	1					
	0-						
		SUBTOTAL OTHER INCOME THIS PAGE	· ~				
		TATEL INTERPRETATION AND MARKET					
		TOTAL ITEMIZED OTHER INCOME	 \$				



DISBURSEMENTS Gross Expenditures



Complete Committee Name Galvin for Alderperson-Dist 4-6.B.

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			
	Check if: 🔲 In-Kind Offset					
		and the second s				
	Check if: 🔯 İn-Kind Offset	/				
······································	Check if: 🔲 in-Klind Offset					
	Check if: n-Kind Offset					
			1			
	Check if:	<u></u>				
			į			
	Check if:					
	_					
	Check if:					
	_					
	Check if: ☐ in-Kind Offset	<u> </u>				
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	, -0-			
		TOTAL ITEMIZED EXPENDITURES	\$			
		14 14st of Full Price Price Price 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- -			
		TOTAL UNITEMIZED EXPENDITURES	\$			
		TOTAL EXPENDITURES	() -			

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page 6 of 6

ructions (or completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: 📵 In-Kind 🖸 Loan		
	Greckii. 10 III-Niki [0] Loaii		·
	Check if: In-Kind Loan		
	Check if: 📵 In-Kind 📵 Loan		
			······································
	′		
	Check if:		
·. · · ·			<u>. </u>
	Check if:		
		······································	
	Check if: 🖸 In-Kind 🔲 Loan		
			······································
	Check if: 🗇 In-Kind 🗔 Loan		
,, , , , ,			
	Check if:	· · · · · · · · · · · · · · · · · · ·	
	Check if: D In-Kind D Loan		1

 SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page ____of ____

Complete C	ommittee Name I'N for Alderman - Gree	NBay-Dist.	y		
Instructions	s for completing schedules are on the back of each	,			
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			<u></u>
Date	Full Name, Mailing Address and Zip Code of Creditor		11/4		
/ /		Nature of Debt (Purpose)	7//		<u> </u>
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
, ,	·	Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full Name, Mailing Address and Zip Code of Creditor		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
l l	Pull Name, Mailing Address and 2.p Code of Creditor				
		Nature of Debt (Purpose)	·		
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)	<u>-</u>		
. •		SUBTOTAL ITEMIZED	OBLIGATIONS THIS F	PAGE \$	-0-
TOTAL ITEMIZED OBLIGATIONS				ions \$	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS				LESS \$	
TOTAL INCURRED OBLIGATIONS				ions \$	-B-

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page of S

Complete Com		Green Ba	y-Dist	1				
Instructions fo	or completing schedules are on the back of each	schedule.	/					
Date	Full Name, Malling Address and Zip Code of Loan Source Date		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period		
/ /	as Curantan (it and	·		1				
LIST All Endorse	rs or Guarantors (if any)							
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation	Occupation					
		Amount Guarante	ed Outstanding	1/2				
of Guarantor		Occupation Amount Guarantee \$	Amount Guaranteed Outstanding					
	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		
Date								
/ / List All Endorse	as or Guarantors (if any)	 				<u> </u>		
Fuil Name. Mai	ling Address and Zip Code	Occupation	······································	· · · · · · · · · · · · · · · · · · ·				
of Guarantor	•							
		Amount Guarante	ed Outstanding			1		
	ing Address and Zip Code	Occupation						
of Guarantor		Amount Guarantee	Amount Guaranteed Outstanding \$					
Date	Full Name, Mailing Address and Zip Code of Loan So	ource	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period		
/ /								
	rs or Guarantors (If any)	· · · · · · · · · · · · · · · · · · ·	L	<u></u>		<u> </u>		
	o common (a dity)							
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation						
Amount Guarant \$			ed Outstanding					
Full Name, Mailing Address and Zip Code Occupation of Guarantor		Occupation				*		
Amount Guaranteed Outstanding \$								
.,,		·, ·,	SUBTOTAL O	UTSTANDING LOAI	NS THIS PAGE	: -0-		
				TOTAL OUTSTA	NDING LOANS	:-0-		