

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

**RECEIVED**

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

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

2023 JAN 27 A 10:48

**COMMITTEE IDENTIFICATION**

Name of Committee: Ode11 Ball for Alderm AN

Street Address: 8619 W. Homlock St.

City, State, and Zip Code: MILW. WI. 53224

CITY OF MILWAUKEE  
ELECTION COMMISSION  
**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  
 September Continuing             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	\$ 352.50	\$ 352.50
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 352.50	\$ 352.50

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 126.00	\$ 126.00
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 126.00	\$ 126.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 352.50
Subtotal	\$ 352.50
Total Disbursements	\$ 126.60
<b>CASH BALANCE END OF REPORT</b>	\$ 226.50
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

**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>Ode11 Ball</u>	Signature of Candidate or Treasurer  <u>ball@xerox.net</u>	Date: <u>1/27/23</u>
	Email	Daytime Phone: <u>414-745 6658</u>

**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 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**Odeil Ball for Alder MAU**

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
12/31/22	Tri city National Bank 4250 W. Brasley Rd Brown Dr. WI. 53209 Check if: <input type="checkbox"/> In-Kind Offset	CHECK FEE	1.00
12/17/22	ELECTION LIST WISCONSIN ELECTIONS Check if: <input type="checkbox"/> In-Kind Offset	List for mailing	45.00
12/29/22	ELECTION LIST WISCONSIN ELECTION Check if: <input type="checkbox"/> In-Kind Offset	List for mailing	80.00
	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>			\$ 1.00
<b>TOTAL ITEMIZED EXPENDITURES</b>			\$ 1.00
<b>TOTAL UNITEMIZED EXPENDITURES</b>			\$ 0
<b>TOTAL EXPENDITURES</b>			\$ 1.00