STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF EXECUTIVE BUDGET AND FINANCE DOA-2778 (R11/2023)



STATE CONTROLLER'S OFFICE-CMO 101 E. WILSON STREET, 5th FL PO BOX 7932 MADISON, WI 53707-7932

DOAMunicipals@wisconsin.gov

County Name Milwaukee		County Code Number		DOAMunicipals@wisconsin.gov Report for Month/Year May, 2024			
Municipal Name West Allis Municipal Court		Municipal Code Number 292		Telephone Number 414-302-8181			
	ere statement to the	Share to be retained by Municipality		Share to be sent to County		Share to be sent to State	
\$	59,521.47	\$	59,521.47	4.0			
\$	-250.00	S	-250.00				
\$	17,363.77	\$	15,089.69			\$	2,274.08
S	-38.00	\$	-33.00			\$	-5.00
S	13,267.85					s	13,267.85
S	-65.00					\$	-65.00
\$	4,575.27			\$	4,575.27		
\$	-10.00			S	-10.00		
Ş	7,026.28			\$	3,491.53	\$	3,534.75
S	.00			\$.00	\$.00
S	5,926.29					s	5,926.29
\$	-13.00					\$	-13.00
\$.00					\$.00
\$.00					\$.00
\$.00	s	.00			Ş	.00
\$.00	S	.00			\$.00
\$	474.06			\$	474.06		
S	.00			\$.00		
\$.00					S	.00
\$.00					\$.00
\$	721.91					\$	721.91
\$.00					S	.00
s	108,500.90	S	74,328.16	\$	8,530.86	***************************************	his Amount 25,641.88
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ -250.00 \$ 17,363.77 \$ -38.00 \$ 13,267.85 \$ -65.00 \$ 4,575.27 \$ -10.00 \$ 7,026.28 \$.00 \$ 5,926.29 \$ -13.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	Total Amount Collected Share by I S 59,521.47 \$ \$ \$ 59,521.47 \$ \$ \$ \$ 7,026.28 \$ \$ -13.00 \$ \$ 7,026.28 \$ \$.00 \$ \$.00 \$ \$.00 \$.00 \$ \$.00 \$.00 \$ \$.00 \$	40 Municipal Code Nume 292	40 Municipal Code Number 292	A0	40 May, 2024 Municipal Code Number 292 Total Amount Share to be retained by Municipality Share to be seat Share

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Ann Drosen



STATE CONTROLLER'S OFFICE-CMO 101 E. WILSON STREET, 5th FL PO BOX 7932 MADISON, WI 53707-7932 DOAMunicipals@wisconsin.gov MUNICIPAL COURT MONTHLY FINANCIAL REPORT

the mouth degianated	Il actions requiring forfeitures, court costs ar								
Name: Paul in Mungday	Signature: PawM.M.v	n My Date: 6-3-2024							
III. TREASURER'S CERTIFICATION I hereby certify that the above amount due the state has been received. After so certifying, a copy of this report will be returned to the signer of this report as a receipt, and the stated amount will be remitted to the Department of Administration with this report.									
Treasurer: Corinne Zuce	.d	Date: 7-8-2004							
In the event the Department of Administration Name:	ation has questions about this report and pa Telephone Number	ayment, who should we contact? Email Address							
Ann Drosen	414-302-8181	adrosen@westalliswi.gov							