



# City of Milwaukee Fiscal Impact Statement

**A** Date 3/13/2013 File Number \_\_\_\_\_  Original  Substitute  
 Subject Payment of the Uninsured Motorist Claim of Kurt Lacina

**B** Submitted By (Name/Title/Dept./Ext.) Rudolph M. Konrad, Deputy City Attorney, X2601

**C** This File  Increases or decreases previously authorized expenditures.  
 Suspends expenditure authority.  
 Increases or decreases city services.  
 Authorizes a department to administer a program affecting the city's fiscal liability.  
 Increases or decreases revenue.  
 Requests an amendment to the salary or positions ordinance.  
 Authorizes borrowing and related debt service.  
 Authorizes contingent borrowing (authority only).  
 Authorizes the expenditure of funds not authorized in adopted City Budget.

**D** Charge To  Department Account  Contingent Fund  
 Capital Projects Fund  Special Purpose Accounts  
 Debt Service  Grant & Aid Accounts  
 Other (Specify) \_\_\_\_\_

	Purpose	Specify Type/Use	Expenditure	Revenue
<b>E</b>	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other	Settlement of Uninsured Motorist Claim of Kurt Lacina	\$500.00	\$0.00
			\$0.00	\$0.00
	<b>TOTALS</b>		<b>\$ 500.00</b>	<b>\$ 0.00</b>

F

Assumptions used in arriving at fiscal estimate. \_\_\_\_\_

G

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

- |                                    |                                    |       |
|------------------------------------|------------------------------------|-------|
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | _____ |

H

List any costs not included in Sections D and E above. \_\_\_\_\_

I

Additional information. \_\_\_\_\_

J

This Note  Was requested by committee chair.