



City of Milwaukee Fiscal Impact Statement

A	Date 12/16/2025	File Number 2025-001729	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject Payment of the Claim of CTC Supplies, LLC			

B	Submitted By (Name/Title/Dept./Ext.) Naomi E. Sanders, Deputy City Attorney, x2601			
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C	<p>This File</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.<input type="checkbox"/> Suspends expenditure authority.<input type="checkbox"/> Increases or decreases city services.<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.<input type="checkbox"/> Increases or decreases revenue.<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.<input type="checkbox"/> Authorizes borrowing and related debt service.<input type="checkbox"/> Authorizes contingent borrowing (authority only).<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.
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D	Charge To	<ul style="list-style-type: none"><input type="checkbox"/> Department Account<input type="checkbox"/> Capital Projects Fund<input type="checkbox"/> Debt Service<input type="checkbox"/> Other (Specify) Damages and Claim Fund Account No. 001-1490-S118-006300	<ul style="list-style-type: none"><input type="checkbox"/> Contingent Fund<input checked="" type="checkbox"/> Special Purpose Accounts<input type="checkbox"/> Grant & Aid Accounts
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E	Purpose	Specify Type/Use	Expenditure	Revenue
	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	\$15,728.64	\$0.00
			\$0.00	\$0.00
	TOTALS		\$15,728.64	\$ 0.00

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.

1-3 Years 3-5 Years _____

1-3 Years 3-5 Years _____

1-3 Years 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.