CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

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

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: FRIENDS OF Dr. HECTOR RODRIGUEZ

Street Address: 1680 CROOKS

City, State and Zip Code: GREEN BAY WI 54302

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 ____
☐ July Continuing ____ ☐ Spring ☐ Fall ☐ Special
☐ September Continuing ____ ☐ Pre-Election ____

☐ Termination Report *also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 250	$ 250
1B. Contributions from Committees (Transfers-In)	$ 99	$ 99
1C. Other Income and Commercial Loans	$ —	$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 349	$ 349
2. DISBURSEMENTS		
2A. Gross Expenditures	$ —	$ —
2B. Contributions to Committees (Transfers-Out)	$ —	$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ —	$ —

CASH SUMMARY

Cash Balance Beginning of Report	$ 0
Total Receipts	$ 349
Subtotal	$ 349
Total Disbursements	$ —
CASH BALANCE END OF REPORT	$ 349
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —
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: 1/15/16
HECTOR RODRIGUEZ	Hector Rodriguez Email: 6degreeslimited@gmail.com	Daytime Phone: 920-664-2721

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.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
FRIENDS OF Dr. Hector Rodriguez

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds $200)	Amount of Contribution	Y-T-D Total
10/2/15	HECTOR RODRIGUEZ 1680 CROOKS. 54302 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	RETIRED	250.-	250.-
11/11/15	THOMAS WILBUR 2293 ONONDAGA DR. ONEIDA WI. 54155 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		99.-	99.-
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 349.-	349.-
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 349.-	349.-

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name: Friends of Dr. Hector Rodriguez

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

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
		SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$
		TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Dr. Hector Rodriguez

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE	$
TOTAL ITEMIZED OTHER INCOME	$
TOTAL OTHER INCOME	$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Dr. Hector Rodriguez

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		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees (Transfers-Out)

Complete Committee Name
Friends of Dr. Hector Rodriguez

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

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		$	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		$	

SCHEDULE 3-A

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Complete Committee Name
Friends of Dr. Hector Rodriguez

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

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	$
TOTAL ITEMIZED OBLIGATIONS	$
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$
TOTAL INCURRED OBLIGATIONS	$

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name: Friends of Dr. Hector Rodriguez

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

	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 / /	N/A				

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation Amount Guaranteed Outstanding $
	Occupation 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 Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation Amount Guaranteed Outstanding $
	Occupation 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 Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation / Amount Guaranteed Outstanding
	Occupation Amount Guaranteed Outstanding $
	Occupation Amount Guaranteed Outstanding $

SUBTOTAL OUTSTANDING LOANS THIS PAGE	$
TOTAL OUTSTANDING LOANS	$