CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Rcvd 2/22/16
Kat

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 ____ ☐ Spring ☐ Fall ☐ Special ☒ Termination Report
☐ July Continuing ____ *also complete Schedule 4*
☐ September Continuing ____ ☐ Pre-Election ____

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 790.01	$ 1040.01
1B. Contributions from Committees (Transfers-In)	$	$ 99.-
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 790.01	$ 1139.01
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 1122.43	$ 1122.43
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 1122.43	$ 1122.43

CASH SUMMARY

Cash Balance Beginning of Report	$ 349.-
Total Receipts	$ 790.01
Subtotal	$ 1139.01
Total Disbursements	$ 1122.43
CASH BALANCE END OF REPORT	$ 16.58
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: HECTOR E RODRIGUEZ

Signature of Candidate or Treasurer: Hector E. Rodriguez Date: 2/22/16

Email: hrodriguezassistant@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.

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
2/5/16	ANONYMOUS DONORS Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		20	20
2/8/16	HECTOR RODRIGUEZ 1680 CROOKS Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	RETIRED	600	850
2/9/16	HECTOR RODRIGUEZ 1680 CROOKS Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	RETIRED	130.01	980.01
2/22/16	HECTOR RODRIGUEZ 1680 CROOKS Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#	RETIRED	40	1020.01
	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	$ 790.01	
TOTAL ITEMIZED CONTRIBUTIONS	$ 770.01	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$ 20	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 790.01	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF DR HECTOR ROSARIO

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
2/2/16	OFFICE MAX 2817 S. ONEIDA ST. G.B. 54304 Check if: ☐ In-Kind Offset	INK CARTRIDGES & PAPER	$97.4
2/9/16	OFFICE MAX STE. 1 EAST TOWN MALL 2350 E. MASON Check if: ☐ In-Kind Offset GREEN BAY, WI 54302	INK CARTRIDGES & OFFICE SUPPLIES	98.07
2/9/16	THE MAIL HOUSE 1745 SUBURBAN DRIVE DE PERE WI 54115 Check if: ☐ In-Kind Offset	CARD MAILING	730.01
2/10/16	TOP HAT MARKETING 239 LIBAL ST DE PERE, WI 54115 Check if: ☐ In-Kind Offset	CARD DESIGN AND PRINTING	206.95
	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	$ 1122.43
TOTAL ITEMIZED EXPENDITURES	$ 1122.43
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 1122.43

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name	Office Use Only
FRIENDS OF DR. HECTOR RODRIGUEZ	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the $100 filing fee if they have over $2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B

Date	Recipient	Amount
2/22/16	HECTOR RODRIGUEZ	$16.58

LOAN OR DEBT FORGIVENESS
I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

☐ This is a non-candidate committee registered with the state and the committee made over $2,500 in disbursements in the last calendar year. I have paid the $100 filing fee.

☐ I do not owe the $100 filing fee.

Hector E. Rodriguez
Signature of Candidate or Treasurer

2/22/16
Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Form prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://efis.wi.gov | Email: GABCFIS@wi.gov