

**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.

Rec'd
1-31-13

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Jim Schmitt

Street Address

509 Spring St

City, State and Zip Code

Green Bay WI 54301

Revised 1/13/15
OFFICE USE ONLY

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 *2013* Pre-Primary Spring Fall Special
 July Continuing Pre-Election Spring Fall Special

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 | \$ 0 | \$ 0 |
| 1B. Contributions from Committees (Transfers-In) | \$ 0 | \$ 0 |
| 1C. Other Income and Commercial Loans | \$ 19.14 | \$ 24.38 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 19.14 | \$ |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 188.00 | \$ 188.00 |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 188.00 | \$ |

CASH SUMMARY

| | | |
|---|-----------------------|----------|
| Cash Balance Beginning of Report | \$ 4064.71 | 38767.46 |
| Total Receipts | \$ 19.14 | |
| Subtotal | \$ 4083.85 | 38786.60 |
| Total Disbursements | \$ 188.00 | |
| CASH BALANCE END OF REPORT | \$ 4066.71 | 38598.60 |
| 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: |
| <i>James J Schmitt</i> | <i>[Signature]</i> | 1-31-13 |
| | | Daytime Phone: 920 471 2525 |

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

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 |
|--|--|---------------------------------|-----------|
| 12/20/12 | US Post office | Postage | 98.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| 12/20/12 | Camera Corner | mailing list | 90.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| / / | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ 188.00 |
| TOTAL ITEMIZED EXPENDITURES | | | \$ 188.00 |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$ - |
| TOTAL EXPENDITURES | | | \$ 188.00 |

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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 |
|----------|---|------------------|--------|
| 12/29/12 | BMO BANK | Interest on acct | 19.14 |
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SUBTOTAL OTHER INCOME THIS PAGE \$

TOTAL ITEMIZED OTHER INCOME \$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$

TOTAL OTHER INCOME \$ 19.14