CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

1-25-16
kad

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 Jim Schmitt

Street Address: 509 Spring St.

City, State and Zip Code: Green Bay, WI 54301

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 2016 ☐ 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	$ 1000.-	$ 1000.-
1B. Contributions from Committees (Transfers-In)	$	$
1C. Other Income and Commercial Loans	$ 37.62	$ 37.62
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 1037.62	$ 1037.62
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 824.79	$ 824.79
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 824.79	$ 824.79

CASH SUMMARY	
Cash Balance Beginning of Report	$ 33472.20
Total Receipts	$ 1037.62
Subtotal	$ 34509.82
Total Disbursements	$ 824.79
CASH BALANCE END OF REPORT	$ 33685.03
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
James J. Schmitt	Email	Daytime Phone: 920 437-2740

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name: Friends of Jim Schmitt

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100)	Amount	Calendar Year-to-Date Total
10/13/15	Terry Wahl PO Box 62003 Middleton, WI 53562 Check if: ☐ In-Kind ☐ Loan ☐ Conduit	J. Wahl Developer Middleton WI 53562 Conduit Name:	1000.—	1000.—
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds $100) Conduit Name:	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$1000
TOTAL ITEMIZED CONTRIBUTIONS	$
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$1000.

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Jim Schmitt

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
12/31/15	BMO Harris Bank 310 Walnut Green Bay WI 54301	Interest	37.62
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SUBTOTAL OTHER INCOME THIS PAGE	$ 37.62
TOTAL ITEMIZED OTHER INCOME	$
TOTAL UNITEMIZED OTHER INCOME $20 OR LESS	$
TOTAL OTHER INCOME	$ 37.62

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Jim Schmitt

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
12/15/15	Fox O'Neil Shannon 622 North Water St Milwaukee WI 53202 Check if: ☐ In-Kind Offset	Legal Expenses	810.79
12/15/15	City of Green Bay 100 N. Jefferson Green Bay WI 54301 Check if: ☐ In-Kind Offset	Copies	14.00
/ /	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	$ 824.79
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$
TOTAL EXPENDITURES	$ 824.79

FORM 1099-INT, INTEREST INCOME
FOR TAX YEAR 2015
01/11/2016

OMB NO. 1545-0112

PAYER:
BMO HARRIS BANK N.A.
111 WEST MONROE STREET
CHICAGO IL 60603

D3094B

PAYER'S FEDERAL EIN:
36-2085229
TELEPHONE:
1-888-340-BANK

RECIPIENT:
JIM SCHMITT CAMPAIGN FUND
A/K/A FRIENDS OF JIM SCHMITT
509 SPRING ST
GREEN BAY WI 54301-3632

RECIPIENT'S
IDENTIFYING NUMBER:

XX-XXX2566

NOTE: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

ACCOUNT TYPE CUSIP NUMBER	ACCOUNT NUMBER	BOX 1/ BOX 5/ BOX 10	BOX 2/ BOX 6/ BOX 11	BOX 3/ BOX 8/ BOX 13	BOX 4/ BOX 9
CHECKING ACCT	4809626466	37.62	0.00	0.00	0.00
		0.00	0.00	0.00	0.00
		0.00	0.00	0.00	

TOTALS: (The following TOTALS are being furnished to the IRS.)

Box 1 - Interest Income	$	37.62
Box 2 - Early withdrawal penalty	$	0.00
Box 3 - Interest on U.S. Savings Bonds and Treasury Obligation	$	0.00
Box 4 - Federal Income tax withheld	$	0.00
Box 5 - Investment expenses	$	0.00
Box 6 - Foreign tax paid	$	0.00
Box 7 - Foreign country or U.S. possession		
Box 8 - Tax-exempt interest	$	0.00
Box 9 - Specified private activity bond interest	$	0.00
Box 10 - Market discount	$	0.00
Box 11 - Bond premium	$	0.00
Box 13 - Bond premium on tax-exempt bond		0.00
Box 14 - Tax-exempt and tax credit bond CUSIP no.		
Box 15 - State		
Box 16 - State Identification number		
Box 17 - State tax withheld		

---------- COPY B, FOR RECIPIENT ----------

DEPARTMENT OF TREASURY - INTERNAL REVENUE SERVICE

145BM001110696INT.S_1477/0306918/0306918/