CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Rec'd 7-20-12
Reviewed 1/13/15
OFFICE USE ONLY

Is This Report an Amendment: ☐ Yes ☑ No

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

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 ____ ☐ Pre-Primary ____ ☐ Spring ☐ Fall ☐ Special

☑ July Continuing 2012 ☐ 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	$
1B. Contributions from Committees (Transfers-In)	$ 0	$
1C. Other Income and Commercial Loans Interest	$ 5.20	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 5.20	$
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 2459.15	$
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 2459.15	$

CASH SUMMARY		
Cash Balance Beginning of Report	$ 42618.66	41221.41
Total Receipts	$ 5.20	
Subtotal	$ 42623.86	41226.61
Total Disbursements	$ 2459.15	
CASH BALANCE END OF REPORT	$ ~~40164.71~~	38,767.46
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: 7/20/12
James J Schmitt		Daytime Phone: 437-7740

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. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: 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
4 9 12	Holiday Inn Check if: ☐ In-Kind Offset	Luncheon	2459.15
/ /	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	$ 2459.15
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$
TOTAL EXPENDITURES	$ 2459.15

SCHEDULE TC

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
7/7/12	BMO Harris Walnut St Green Bay	Interest	5.20
/ /			
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SUBTOTAL OTHER INCOME THIS PAGE	$ 5.20
TOTAL ITEMIZED OTHER INCOME	$
TOTAL UNITEMIZED OTHER INCOME $20 OR LESS	$
TOTAL OTHER INCOME	$